Research Note

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Suggested Citation

Nelson, M. R., & Pierce, R. B. (1997). IAOM Consumer Satisfaction Survey (CSS): A summary of findings. *International Journal of Orofacial Myology*, 23(1), 10-13.

DOI: <https://doi.org/10.52010/ijom.1997.23.1.4>

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I.A.O.M. Consumer Satisfaction Survey (CSS): A Summary of Findings

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With the current emphasis on getting the most out of healthcare dollars, much attention has been paid to studying the efficacy of treatment types and their outcomes, i.e. how has treatment/therapy benefited the patient, has treatment improved his/her quality of life; was the cost for treatment commensurate with the benefits which were obtained; was the professional providing the treatment qualified?

In 1976, the Commission on Accreditation of Rehabilitation Facilities (CARF) defined program evaluation as a "systematic procedure for determining the effectiveness and efficiency with which results following rehabilitation services are achieved by persons served." The emphasis in program evaluation is on outcomes or results achieved, rather than the process of achieving those results

Within the area of speech-language pathology, attention has also focused on the quality of patient care, length of treatment, patient perception of provider qualifications and competency, and patient awareness of treatment goals and objectives. The American Speech-Language and Hearing Association (ASHA) has developed a Consumer Satisfaction Measure, in an effort to improve delivery of services for communication disorders.

To assure the continued high level of service for oral myofunctional therapy (OMT) patients, the International Association of Orofacial Myology has developed a Consumer Satisfaction Survey (CSS) (Figure 1), modeled after the instrument utilized by ASHA. The intention of the CSS was to assess the outcomes of orofacial myofunctional therapy by giving the patient the opportunity to evaluate the treatment and its outcome based on their own personal experience. Prior to the development of this instrument, gathering and reporting of OMT patient data has been limited. The CSS asks patients to respond to a total of twenty questions covering five general areas assumed to be important to quality care: Scheduling and Physical Facility, Quality of Staff, Effectiveness/Results of Treatment, Quality of Services, and Overall Assessment (of program services).

The Consumer Satisfaction Survey was given to members of the Board of Directors and the Board of Examiners for distribution to a minimum of twenty patients each. A total of 226 surveys were sent to current and former patients. One hundred and fifty-five (69%) surveys were returned with responses to the twenty questions and written comments. Not every individual responded to every question. Some of the surveys were completed by patients

and some by parents. The results are tabulated in Figure 2.

Results

1. Scheduling and Physical Facility: Patients responding to the CSS were generally quite pleased with the timeliness of their initial evaluation and the promptness with which they were seen for subsequent treatment appointments. The majority of responses were positive to items related to the office environment.

2. Quality of Staff: Patients were extremely pleased with their therapists. 89.7% **strongly agreed** that "my clinician was prepared and organized." 92.9% **strongly agreed** that "my clinician was experienced and knowledgeable." Patients overwhelmingly reported that evaluation results and treatment procedures were explained in a way they could understand.

3. Effectiveness/Results of Treatment: There is complete agreement among authorities that correcting the resting posture of the tongue, lips, and mandible is THE primary goal of orofacial myology. 94% of the patients responding to the CSS **agreed** or **strongly agreed** with the statement: "My resting posture improved".

The item "my occlusion improved" yielded interesting results. Most orofacial myologists make NO claims to "move teeth". Those of us with Speech/Language Pathology backgrounds are less likely than those of us with Dental/Dental Hygiene backgrounds to take photographs or measurements of occlusion. The article in this issue of the I.J.O.M. by Kim Benkert provides convincing data on "tooth movement" resulting from OMT. The CSS results indicate that 44.4 % of the patients surveyed **strongly agreed** that their occlusion improved; 37% **agreed**. Some patients and parents were not familiar with the term "occlusion" and marked **neutral** or **not applicable**.

The item "my speech improved" received the largest percentage (37.5) of **not applicable** responses. This is consistent with incidence data reported in the article in this issue of the I.J.O.M. by Forrest Umberger and Robert Johnston. MANY patients are referred by dentists/orthodontists because tongue thrust resting postures and swallowing patterns affect the patient's occlusion and not their articulation. Therefore, for many patients, there were no speech problems before treatment began.

"My chewing and swallowing improved" received very high agreement marks with 63.6% **strongly agreeing** and

30.46% **agreeing**. Most oral myofunctional therapy programs have heavy emphasis on improving chewing and swallowing patterns, so it is not surprising that many individuals who have successfully completed therapy report improvement in chewing and swallowing.

4. **Quality of Services:** MOST patients reported satisfaction with "the length and frequency" of their treatment program; the "instruction and education" required for habituation of the new skills; "health and safety procedures"; and coordination of services with other professionals". Most of the **not applicables** in this section were marked by parents or patients who had not completed therapy at the time they filled out the questionnaire.

5. **Overall Assessment:** 100% of the respondents rated the treatment program as satisfactory. 96.8% indicated "I would seek your services again if needed." 98.1% "would recommend your services to others". 92.9% felt that "the fees were reasonable for the services provided."

Comments

Beyond the numerical data collected and reported, patients were given the opportunity to add any comments, negative or positive, regarding their experience with the therapist and the therapy. A few of these comments were as follows:

1. I would seek your services for my other children ...
2. We did recommend you to others!
3. We had a very positive experience and feel it was well worth our time and money to correct the tongue thrust.
4. Beneficial!
5. Very pleased with treatment and results.
6. I am very happy with my therapy. My headaches have disappeared and my bite is closing.
7. You have a wonderful sense of humor and work well with kids!
8. We appreciate all the help and guidance *—* has given us. She is extremely conscientious and understanding.
9. *—* did a wonderful job of motivating my daughter to do her exercises!
10. My son was very apprehensive when the dentist referred us, but he has really enjoyed coming to therapy and has practiced for you like he never would for me.

These comments from oral myofunctional patients and parents, along with the responses to specific items evaluating the success and quality of treatment would appear not only to establish oral myofunctional therapy as a beneficial and cost effective treatment for oral myofunctional disorders, but also to indicate the interpersonal, professional, and technical skills exhibited by orofacial myologists certified by the International Association of Orofacial Myology.

Lessons Learned from the Pilot Study

1. The sooner after completion of the Active Treatment Phase of Therapy, the better the rate of response. Most therapists participating in the Pilot Study had 70% to 90% return of the CSS from patients just completing treatment; 40% to 60% return from patients who had completed treatment one to two years previously.

2. One therapist who was unwilling to participate in the Pilot Study felt that it was a good idea but that the survey had an inherent flaw: "I don't believe that it is possible to get uncontaminated results from a patient who is given a questionnaire by the therapist who provided the therapy and then returns the completed questionnaire to the same therapist." The author of the Survey feels that this potential problem was addressed by handing or mailing the questionnaire to the patient or parent and having them mail it back or slip it into a large manila envelope with no name, return address, or other identifying information. The introductory paragraph states that "all responses will be kept anonymous and confidential." This was done in an attempt to be sure that patients responded honestly and frankly in an unbiased manner.

3. No conclusions can be drawn from those who did not complete or return the surveys. Since some who did return the surveys did express dissatisfaction with certain aspects of their treatment programs, it should not be assumed that those who did not return them were unhappy with the services received. The Survey provided them with the opportunity to express opinions anonymously. One therapist who participated stated that one of the reasons for a "poor" rate of return was the timing of the Pilot Study. She stated that "the end of July or beginning of August is a very bad time to get a response from anyone in *—*. EVERYONE gets out of town due to the heat!" Someone else mentioned difficulty contacting patients because they were at summer camp.

The authors appreciate the cooperation of those who did participate, particularly in view of the relatively short time frame for completing this study: July 1, 1997 through August 15, 1997. We encourage other members of the International Association of Orofacial Myology and interested colleagues to make copies of the Consumer Satisfaction Survey and distribute them to your patients. You will be delighted with the positive responses you receive and you will become aware of areas of your practice which could be strengthened.

Participants

The authors appreciate the assistance of those members of the Board of Directors and the Board of Examiners who participated in this survey:

Sylvia Zante	April Gelesko
Roberta Pierce	Carol Mayer
Dianne Fonssagrives	Christine Mills
Galen Peachey	Kim Benkert
Trudy Wilder	Marge Snow
Susemarie Swenson	Betty Wommack

OROFACIAL MYOLOGY SERVICES Consumer Satisfaction Survey

Your feedback is very important in helping us evaluate the quality of the services you received. Please take a few minutes to answer the following questions and return the form to us within two weeks. All responses will be kept anonymous and confidential. We appreciate your assistance with this survey. **Thank you.**

Please read each item carefully and circle the most appropriate response:

SA = Strongly Agree

D = Disagree

A = Agree

SD = Strongly Disagree

N = Neutral

NA = Not Applicable

1. Scheduling and Physical Facility:

A. My initial appointment was scheduled within a reasonable time.	SA A N D SD NA
B. I was seen on time for my scheduled appointment(s).	SA A N D SD NA
C. The office was clean, quiet and free of distractions.	SA A N D SD NA
D. The building and treatment areas were easily accessible.	SA A N D SD NA

2. Quality of Staff:

A. My clinician was prepared and organized.	SA A N D SD NA
B. The evaluation results were explained in a way that I could understand.	SA A N D SD NA
C. The treatment procedures were explained in a way that I could understand.	SA A N D SD NA
D. My clinician was experienced and knowledgeable.	SA A N D SD NA

3. Effectiveness/Results of Treatment:

A. My resting posture improved.	SA A N D SD NA
B. My occlusion improved.	SA A N D SD NA
C. My speech improved.	SA A N D SD NA
D. My chewing and swallowing improved.	SA A N D SD NA

4. Quality of Services:

A. The length and frequency of my treatment program were appropriate.	SA A N D SD NA
B. I received sufficient instruction and education to enable me to retain my skills after my program ended.	SA A N D SD NA
C. Health and safety procedures were taken when serving me.	SA A N D SD NA
D. My clinician coordinated services with other professionals (i.e., dentist, physician, orthodontist), as needed.	SA A N D SD NA

5. Overall Assessment:

A. The program services were satisfactory.	SA A N D SD NA
B. I would seek your services again if needed.	SA A N D SD NA
C. I would recommend your services to others.	SA A N D SD NA
D. The fees were reasonable for the services provided.	SA A N D SD NA

Comments: _____

Please fold and staple/tape the questionnaire so that our address is on the outside and return it.

THANK YOU FOR YOUR TIME AND CONSIDERATION.

CODE []

Figure 1.

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	Not Applicable	TOTAL
1. Scheduling and Physical Facility:							
A. My initial appointment was scheduled within a reasonable time.	126. (81.3%)	27. (17.4%)	2. (1.3%)	-0-	-0-	-0-	155.
B. I was seen on time for my scheduled appointment(s).	114. (73.5%)	39. (25.2%)	2. (1.3%)	-0-	-0-	-0-	155.
C. The office was clean, quiet and free of distractions.	116. (75.3%)	37. (24.0%)	-0-	1. (0.6%)	-0-	-0-	154.
D. The building and treatment areas were easily accessible.	126. (81.3%)	28. (18.2%)	-0-	-0-	-0-	-0-	154.
2. Quality of Staff:							
A. My clinician was prepared and organized.	139. (89.7%)	15. (9.7%)	1. (0.6%)	-0-	-0-	-0-	155.
B. The evaluation results were explained in a way that I could understand.	137. (89.0%)	16. (10.4%)	1. (0.6%)	-0-	-0-	-0-	154.
C. The treatment procedures were explained in a way that I could understand.	134. (87.0%)	19. (12.3%)	1. (0.6%)	-0-	-0-	-0-	154.
D. My clinician was experienced and knowledgeable.	143. (92.9%)	11. (7.1%)	-0-	-0-	-0-	-0-	154.
3. Effectiveness/Results of Treatment:							
A. My resting posture improved.	91. (59.1%)	54. (35.1%)	5. (3.2%)	1. (0.6%)	-0-	3. (1.9%)	154.
B. My occlusion improved.	67. (44.4%)	56. (37.1%)	11. (7.3%)	-0-	-0-	17. (11.3%)	151.
C. My speech improved.	45. (29.6%)	39. (25.7%)	10. (6.6%)	-0-	-0-	57. (37.5%)	152.
D. My chewing and swallowing improved.	96. (63.6%)	46. (30.5%)	6. (4.0%)	-0-	-0-	3. (2.0%)	151.
4. Quality of Services:							
A. The length and frequency of my treatment program were appropriate.	88. (56.8%)	59. (38.1%)	8. (5.2%)	-0-	-0-	-0-	155.
B. I received sufficient instruction and education to enable me to retain my skills after my program ended.	98. (64.1%)	45. (29.4%)	3. (2.0%)	-0-	-0-	7. (4.6%)	153.
C. Health and safety procedures were taken when serving me.	96. (61.9%)	47. (30.3%)	4. (2.6%)	-0-	-0-	1. (0.6%)	155.
D. My clinician coordinated services with other professionals (i.e., dentist, physician, orthodontist), as needed.	107. (69.9%)	39. (25.5%)	-0-	-0-	-0-	7. (4.6%)	153.
5. Overall Assessment:							
A. The program services were satisfactory.	113. (73.9%)	40. (26.1%)	-0-	-0-	-0-	-0-	153.
B. I would seek your services again if needed.	117. (75.5%)	33. (21.3%)	1. (0.6%)	-0-	-0-	3. (1.9%)	155.
C. I would recommend your services to others.	118. (76.1%)	34. (21.9%)	1. (0.6%)	-0-	-0-	2. (1.3%)	155.
D. The fees were reasonable for the services provided.	93. (60.4%)	50. (32.5%)	8. (5.2%)	1. (0.6%)	-0-	2. (1.3%)	154.

Figure 2. - Consumer Satisfaction Survey Results.