

# Patients' Satisfaction with Prosthetic Devices

Renata Poljak-Guberina<sup>1</sup>, Benjamin Čulig<sup>2</sup>, Ognjen Živković<sup>3</sup>, Adnan Čatović<sup>1</sup>,  
Dušan Kuzmanović<sup>4</sup> and Ante Muljačić<sup>5</sup>

<sup>1</sup> Department of Prosthodontics, School of Dental Medicine, University of Zagreb, Zagreb, Croatia

<sup>2</sup> Department of Sociology, Faculty of Philosophy, University of Zagreb, Zagreb, Croatia

<sup>3</sup> Clinical Hospital Centre and Institute for Rehabilitation and Orthopedic Devices Zagreb, Zagreb, Croatia

<sup>4</sup> Department of Oral Rehabilitation, Otago University, Dunedin, New Zealand

<sup>5</sup> The 3<sup>rd</sup> Department, Clinic of Traumatology Zagreb, Zagreb, Croatia

## ABSTRACT

*The purpose of the paper was to ascertain the factors which affect the satisfaction of patients with the prosthetic therapy. The purpose of the paper was also to ascertain if there are common factors characteristic for patients dissatisfied with the prosthetic therapy although the specialist appraises it as objectively successful. 52 patients of the Clinical Institute for Rehabilitation and Orthopedic Devices were participating in the research, to which, after unsuccessful surgical-prosthetic rehabilitation, reamputation and prosthetic provision was carried out, which was appraised successful by the doctor. It was endeavored to appraise to what extent the appraisal by the doctor corresponds to patient's satisfaction. On the basis of the questionnaire elaborated specifically for this research and the statistical processing, it was concluded that where the doctor appraised the prosthetic therapy as successful, the same opinion was shared by the majority of the patients (92.3%). Patients are similarly satisfied with the function and the esthetic quality of the prosthesis (73%). The reason why 7.7% of patients are dissatisfied in cases when the doctor considers that there are no objective reasons for that should be sought in non-medical factors. The age, the education, the marital status, the income state, the size of the residence and the regional affiliation do not have a significant influence on the satisfaction of patients with the prosthesis ( $p>0.05$ ). Patients with a minor handicap achieve satisfaction with the prosthetic therapy faster, as well as the right-handed persons if the prosthesis on the right-hand extremity is in question ( $p<0.05$ ). This investigation showed that the responsibility of not wearing prosthetic aids, both orthopedic, and dental prostheses, couldn't be only neuroticism by prosthetic patients, because that connection is not statistically significant ( $p<0.09$ ).*

**Key words:** patient satisfaction, prosthetic devices

## Introduction

The satisfaction of patients with prosthetic devices is influenced by many factors depending on the patient and the therapist. Beside the objective factors connected with the very seat of the prosthesis and the physical state of the patient, a considerable effect on the patient's satisfaction with the prosthetic device is exerted by the mental state of the patient.

P. Gallagher and M. Mac Lachlan studied 104 patients after prosthetic orthopedic rehabilitation and found that only 48 patients considered that prosthetic rehabilitation was performed well. Their positive view on therapy results is connected with their mental state, health state and the activity level<sup>1</sup>.

The quality of prostheses depends on the therapist, his knowledge and the competence of therapy, and on the experience and the competence of the technician<sup>2</sup>.

A successful relationship of the doctor with the patient which results in increased patient's trust and better cooperation of the patient and the doctor also contributes to the level of successfulness of the prosthetic therapy<sup>3</sup>. Patients come to the doctor for help and, already at the first contact, they have their own emotional relationship towards a particular doctor, which can be good or bad<sup>4,5</sup>. It is the obligation of the doctor to act positively by his/her behavior and develop a quality relationship with the patient, which comprises safety, warmth and sympathy<sup>6</sup>.

Non-medical factors can cause compromise solutions connected with the preparation of the seat of the prosthetic substitute. The most often such factor is the psychological moment. Kaphings and Heim point out the presence of problems due to religious reasons, which

condition insufficient pre-prosthetic surgical preparation of the seat of the prosthesis. Cosmetic reasons often condition therapeutical concessions, which results in an inadequate and dysfunctional prosthesis, mostly in women<sup>7</sup>.

Regarding getting used to wearing prostheses, an important role is played by the patient's personality and motivation for wearing the prosthesis. In patients that are positively motivated, the time of getting used to a prosthetic aid is considerably shorter. A general relation and expectations connected with the prosthesis are connected with satisfaction, which proves that the initial positive attitude towards the prosthesis makes getting used to it easier<sup>8</sup>.

The successfulness of the prosthetic therapy is often evaluated differently by the therapist and the patient<sup>9</sup>. The patient gives a subjective evaluation of the successfulness of the therapy and it is difficult to determine its satisfaction with quality<sup>10,11</sup>. Various scales for evaluation of the patient's pain and comfort were developed, but no standard scale for defining of patient's subjective feelings was elaborated<sup>12,13</sup>. Safety, emotional conflicts, personal ideals and aspirations, and the level of tolerance of frustration are factors which influence the perception of the patient's feeling regarding the therapy. Two persons confronted with the same situation can react completely differently. Those reactions are often determined by the patient's age, as well as by cultural-situational situations<sup>14</sup>.

During past decades, many important changes in the methods of valuation the successfulness of the therapy have happened. The most important is positively the transition from the valuation based on doctor's impressions to the personal valuation of the state by the patient who can express his perception best.

In time, research has become multidisciplinary, and particular attention was focused on the standardization of the questionnaire. The complexity of learning about the successfulness of the therapy is also manifested in possible underestimating of the functional status or some physical symptoms (pain), according to the evaluation by the examiner, or in overestimating the psychologically induced discomfort (anxiety, depression), by the patient<sup>15,16</sup>.

The ways of valuation are not standardized. There were about 500 methods for evaluation of the successfulness of the therapy, i.e. the quality of life published until now, which evolved from the oldest described ways for evaluation of subjective states from 1932 through the generally accepted Karnovsky Performance Status, to modern SF questionnaires. SF (Short Form Health Survey) composed for the purpose of meeting psychometric standards necessary for comparisons of various groups regardless of their age, illness or treatment. The features of the illness or treatment are examined: functioning or disfunctioning, distress and welfare indicators, objective findings and subjective statements and personal evaluation of the state of health<sup>17</sup>. A large number of methods for evaluation of the successfulness

of the therapy is an indirect indicator of the lack of uniformity in approaches, the need for standardization<sup>18,19</sup>.

The purpose of the paper was to establish various factors which affect the patient's satisfaction with different prosthetic substitutes. The purpose of the paper was also to confirm if there were common factors characteristic for patients dissatisfied with the prosthetic therapy although the specialist doctor appraises it as objectively successful.

## Patients and Methods

After the examination of 425 war-wounded patients in the Prosthetics ambulance of the Clinical Institute for Rehabilitation and Orthopedic Aids in the period from 1995–2000 year, 52 patients were set apart. The patients were divided into three groups by their age (Table 1), those aged from 20 to 40 years (17 subjects), from 40 to 60 years (29 subjects) and over 60 years (6 subjects).

Common symptomatology in all 52 patients was pain in the end part of the stump and walking with elbow crutches.

Clinically was verified the presence of bone exostoses of the tibia stub in 24 cases, of bone exostoses of the fibula stub in 36 cases, neurinoma at the level of cicatrice in 41 cases, bone exostoses of the femur in 7 cases, the cicatrice drawn in and irregularly grown into the bone substrate in 15 cases, the surplus of soft tissues of the above knee stump in 7 cases, the surplus of soft tissues of the below knee stump in 15 cases, and the infection at the level of the cicatrice of the below knee stump in 8 cases.

All those symptoms were the cause of dissatisfaction of patients because of the inability of using prosthesis, as well as starting to wear prosthesis.

Therefore, reamputation according to the osteo-myoplastics and myoplastics method was indicated. Reamputation was performed in all 52 patients. There were 47 reamputations performed on one lower extremity (25 on the left-hand one, and 22 on the right-hand one), and 5 reamputations on both extremities. There were 3 reamputation performed in level of foot, 43 below knee, 1 disarticulation in knee and 5 above knee.

After reamputation, the orthopedist specialist appraised objectively the state of stumps and the possibility of wearing prosthesis in all 52 patients. Patients were offered a questionnaire, made specifically for these

**TABLE 1**  
FREQUENCY DISTRIBUTION OF PATIENTS  
DEPENDENT ON AGE

Age (years)	Frequency	%
20–40	17	32.7
41–60	29	55.8
>60	6	11.5
Total	52	100.0

researches, which would complement the doctor's finding about the successfulness of the therapy. The questionnaire consisted of two parts. The first part of the questionnaire referred to personal data and the mental state of the patient, and in the second part each subject appraised the satisfaction with the prosthesis in relation to the state with respect to various factors: the esthetic quality, the functionality, the absence of pain and the capability of daily use expressed in hours.

Particular care was dedicated to testing of pathological traits of the personality. That part of testing was carried out by a questionnaire based on the Eysenck theory of personality which understands three basic dimensions of the personality and their combinations; extroversion-introversion, neuroticism-stability, and psychoticism<sup>20,21</sup>. For the purpose of measuring the pathological traits, an adequate instrument was devised, which is considerably shorter than the original Eysenck's model which consisted of 26 units (neuroticism = 10 units, psychoticism = 9 unit, extroversion = 7 units). The empirical evaluation carried out on a suitable representative sample of the population (N=392) gave satisfactory metrical characteristics. Thus, for example, Cronbach's Alpha amounted to 0.78, and the discriminative quality of units varied between 0.20–0.40.

From the stated patients, 21 had dental prostheses too and they filled in the questionnaire how often they were wearing those.

As the control group, subjects which do not wear orthopedic prostheses were selected, but which wear another kind of prosthesis. Dental patients having a dental removable prosthesis were selected. 325 patients with dental removable prostheses were examined in three different dental prosthetic clinics. 20 patients of the middle-age and older age were set apart. For all 20 patients, it was characteristic that they were using the dental prosthesis only through a smaller part of the day or did not use it at all, although the dentist ascertained that there are no objective reasons for that. It is also characteristic for 20 patients that they already had a dental removable prosthesis before the existing one, but wanted a new one because of dissatisfaction with the old one, which they also did not wear. Those 20 patients also filled in psychological questionnaires. After the collected data, a statistical analysis was made by the statistical package SPSS 11.0 (Statistical package for Social Science).

## Results

Diagrams of frequencies for variables which were calculated by orthopedic patients on the basis of satisfaction with their prostheses are shown in Figure 1.

The appraised variables were: satisfaction with the prosthesis in general, satisfaction with the function of the prosthesis, and satisfaction with the esthetic quality of the prosthesis (using the scale from 1 to 5).

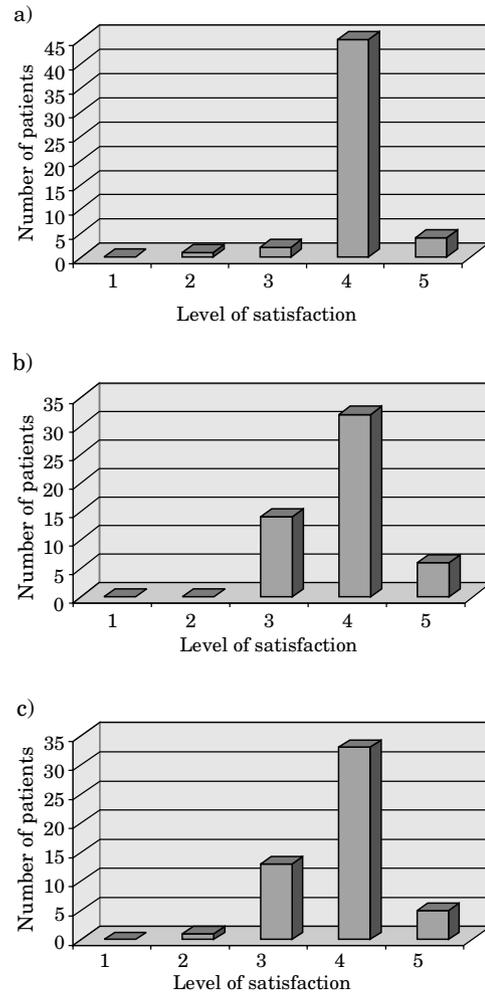


Fig. 1. Diagrams for variables assessed by orthopedic patient using the scale 1 to 5 dependent on level of their satisfaction: 1 – very unsatisfied, 2 – unsatisfied, 3 – neither unsatisfied, nor satisfied, 4 – satisfied, 5 – very unsatisfied. a) patients' satisfaction in general, b) patients' satisfaction with esthetics, c) patients' satisfaction with function.

Seen all together, the majority of patients are satisfied, i.e. extra-ordinary satisfied with the orthopedic prosthesis (92.3%), while only one subject is dissatisfied. Distributions, for example, for the esthetic appearance of the prosthesis are somewhat different, but the same by their meaning. A little over two thirds of the test subjects give the appreciation 4 (61.5%), 11.5% give the appreciation 5, while one fourth appraise it with 3. Test subjects appraise the functionality of the prosthesis in the same way. The appraisal 4 for functionality of the prosthesis is given by 63.5% of test subjects, the appraisal 5 by 9.6% of test subjects, and the appraisal 3 and less by a little over a fourth of the test subjects.

Examining of the state of satisfaction of test subjects with an orthopedic prosthesis related to the opinion about prostheses in general proved that the satisfied and extra-ordinary satisfied patients also believe that the prosthesis is the best solution with respect to the cir-

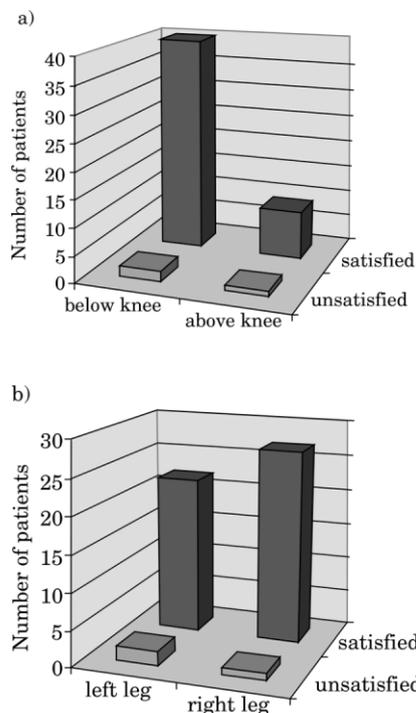


Fig. 2. Correlation between patients' satisfaction and type of prostheses: a) below knee prostheses, above knee prostheses, b) prostheses on left leg, prostheses on right leg.

cumstances in greatest numbers (79%). Only 1 test subject is particularly dissatisfied with his prosthesis and finds it a »necessary evil«.

Figures 2a and 2b show the relation of satisfaction of a patient with an orthopedic prosthesis with respect to the type of the prosthesis (for the below knee stump, for the above knee stump, left leg, right leg).

**TABLE 2**  
MULTIPLE SQUARE CORRELATION BETWEEN PATIENTS' SATISFACTION AND INDEPENDENT VARIABLES (AGE, SIZE OF THE RESIDENCE, EDUCATION LEVEL, INCOME)

	Standardized coefficients ( $\beta$ )	t-value	p
(Constant)		8.138	0.000
Age	0.060	0.405	0.687
Type of settlement	-0.174	-1.147	0.257
Income	-0.153	-1.007	0.319
Education	0.075	0.509	0.613

Dependent variable: Patients' satisfaction in general

The statistical data show that there are more those which are satisfied or extraordinary satisfied in the category of test subjects with the prosthesis for the below knee stump than in the same categories of those with the prosthesis for the above knee stump, which means that the difference is statistically significant ( $p < 0.05$ , Figure 2a).

From Figure 2b, it is evident that test subjects with the prosthesis on the right-hand extremity are more satisfied with the prosthesis than the patients with prosthesis on the left-hand extremity, with a statistical significance ( $p < 0.05$ ).

Testing of patients with prosthesis in connection with objective characteristics of test subjects (age, education, income status and the size of the residence), resulted in the coefficient of multiple correlation in the amount of 0.275, which proved to be statistically insignificant ( $p < 0.438$ , Table 2). From that, it can be concluded that test subjects appraise the quality of the prosthesis regardless of the stated characteristics.

**TABLE 3a**  
FREQUENCY DISTRIBUTION OF PATIENTS' SATISFACTION WITH PROTHESES DEPENDENT ON DEMOGRAPHIC FACTORS

Districts	Patients' satisfaction in general		Total
	Unsatisfied	Satisfied	
Zagreb	Number of patients	6	6
	% within Districts	100.0%	100.0%
	% within Patients' satisfaction in general	12.2%	11.5%
Northern Croatia	Number of patients	1	15
	% within Districts	6.7%	93.3%
	% within Patients' satisfaction in general	33.3%	28.6%
Middle Croatia	Number of patients	11	11
	% within Districts	100.0%	100.0%
	% within Patients' satisfaction in general	22.4%	21.2%
Southern Croatia	Number of patients	1	9
	% within Districts	11.1%	88.9%
	% within Patients' satisfaction in general	33.3%	16.4%
Other countries	Number of patients	1	11
	% within Districts	9.1%	90.9%
	% within Patients' satisfaction in general	33.3%	20.4%
Total	Number of patients	3	52
	% within Districts	5.8%	94.2%
	% within Patients' satisfaction in general	100.0%	100.0%

Neither the regional affiliation, nor the marital status showed a statistically significant connection with the level of satisfaction. Namely, there are no dissatisfied patients only among singles, while there are dissatisfied patients in all other categories, but exceptionally few (5.7%, Tables 3a and 3b).

Tables 4a, 4b and 4c show the relationship of variables of satisfaction and the daily use of the orthopedic prosthesis (throughout the day or during a smaller part

of the day, Table 4a), possession of a dental prosthesis (yes, no, Table 4b), if yes, daily use of the dental prosthesis expressed in hours (Table 4c). From group of 52 orthopedic patients, 21 of them had dental prosthesis, but only 16 of them used it.

The results were obtained by relating wearing of the orthopedic prosthesis expressed in the number of hours to wearing of the dental removable prosthesis, also expressed in the number of hours per day. Namely, from

**TABLE 3b**  
FREQUENCY DISTRIBUTION OF PATIENTS' SATISFACTION WITH PROTHESES DEPENDENT ON MARITAL STATUS

Marital status	Patients' satisfaction in general		Total
	Unsatisfied	Satisfied	
Unmarried	Number of patients	10	10
	% within Marital status	100.0%	100.0%
	% within Patients' satisfaction in general	20.4%	19.2%
Married	Number of patients	2	37
	% within Marital status	5.4%	94.6%
	% within Patients' satisfaction in general	66.7%	71.4%
Separated	Number of patients	1	4
	% within Marital status	20.0%	80.0%
	% within Patients' satisfaction in general	33.3%	8.2%
Total	Number of patients	3	49
	% within Marital status	5.8%	94.2%
	% within Patients' satisfaction in general	100.0%	100.0%

**TABLE 4a**  
RELATION BETWEEN PATIENTS' SATISFACTION AND USAGE OF ORTHOPEDIC PROTHESES

Usage of orthopedic prostheses	Patients' satisfaction in general		Total
	Unsatisfied	Satisfied	
Minor part of the day	Number of patients	2	16
	% within Usage of orthopedic prostheses	11.1%	88.9%
	% within Patients' satisfaction in general	66.7%	32.7%
Major part of the day	Number of patients	1	33
	% within Usage of orthopedic prostheses	2.9%	97.1%
	% within Patients' satisfaction in general	33.3%	67.3%
Total	Number of patients	3	49
	% within Usage of orthopedic prostheses	5.8%	94.2%
	% within Patients' satisfaction in general	100.0%	100.0%

**TABLE 4b**  
RELATION BETWEEN PATIENTS' SATISFACTION AND POSSESSION OF REMOVABLE DENTURE

Possession of removable denture	Patients' satisfaction in general		Total
	Unsatisfied	Satisfied	
Yes	Number of patients	1	20
	% within Possession of removable denture	4.8%	95.2%
	% within Patients' satisfaction in general	33.3%	40.8%
No	Number of patients	2	29
	% within Possession of removable denture	6.5%	93.5%
	% within Patients' satisfaction in general	66.7%	59.2%
Total	Number of patients	3	49
	% within Possession of removable denture	5.8%	94.2%
	% within Patients' satisfaction in general	100.0%	100.0%

TABLE 4c  
RELATION BETWEEN PATIENTS' SATISFACTION AND USAGE OF REMOVABLE DENTURE

Usage of removable denture		Patients' satisfaction in general		Total
		Unsatisfied	Satisfied	
Yes	Number of patients		16	16
	% within Usage of removable denture		100.0%	100.0%
	% within Patients' satisfaction in general		80.0%	76.2%
No	Number of patients	1	4	5
	% within Usage of removable denture	20.0%	80.0%	100.0%
	% within Patients' satisfaction in general	100.0%	20.0%	23.8%
Total	Number of patients	1	20	21
	% within Usage of removable denture	4.8%	95.2%	100.0%
	% within Patients' satisfaction in general	100.0%	100.0%	100.0%

orthopedic patients who also have the dental removable prosthesis but do not wear it for the major part of the day, 80% of them do not wear the orthopedic prosthesis for the major part of the day either. Unlike them, from test subjects which have and wear a dental prosthesis for the major part of the day 37.5% do not wear the leg prosthesis for the major part of the day. Although the stated difference is not statistically significant with the 95% probability, with the 90% probability it is significant ( $p < 0.09$ ), and it can be concluded that the reduced number of hours of wearing both prostheses is based on factors which are not connected with the quality of prostheses. By testing the psychological traits of the personality, it was ascertained that some of the test subjects which have, but do not wear either the orthopedic, or the dental removable prosthesis for the most part of the day have a relatively high result on at least one of the pathological traits of the personality, primarily those connected with the neurotic structure of the personality.

In the control group (20 test subjects with dental removable prostheses), the analysis of personality types with respect to psychological traits showed that 63% of test subjects have no pathological traits, while other test subjects have a large percentage on the scale of neuroticism, similar to that in orthopedic patients which do not wear prostheses (37%).

## Discussion

The satisfaction of patients with prosthetic therapy is multi-dimensional.

It depends on general health, the psychological status, the level of independence in performing of daily activities, social relationships in the environment and the possibility of realization of basic goals<sup>22</sup>. The health status is only a part of that which enters the category of satisfaction with the therapy, describing not only the physical, but also the emotional aspect. Therefore, therapeutic effects cannot be compared only at the level of medical parameters but also the satisfaction of patients<sup>23</sup>.

In the results of this research, it is evident that during the patient's subjective appraising of the satisfaction with the orthopedic prosthesis with grades (1–5),

the distribution of data is particularly asymmetric in relation to higher values, i.e. the largest percentage of patients (92.3%) gave the highest appraisals (4 and 5) regarding a general satisfaction with the prosthesis. They are similarly satisfied with the function and the esthetic quality of the prosthesis (73% appraised them with 4 and 5), which mostly corresponds to the results by other authors<sup>12,24,25</sup>.

None of the factors such as the age, the marital status, the education, the income status, the size of the residence and the regional affiliation was significantly connected with the patients' satisfaction ( $p > 0.05$ ).

It can only be observed that there were somewhat more singles, those with lower education and those from smaller milieus among the satisfied patients, but not statistically significant.

Those wearing the prosthesis for the below knee stump are statistically significantly more satisfied than those wearing the prosthesis for the above knee stump, just as patients with the prosthesis on the right-hand extremity in relation to those with the prosthesis on the left-hand extremity ( $p > 0.05$ ). That can be explained by the fact that the very getting used to the below knee prosthesis is simpler because a minor invalidity is in question. Since right-handed persons are more present in the population, they get used to the prosthesis on the right-hand extremity more easily.

In case of patients in which the doctor ascertained that they objectively have no reason not to wear the prosthesis, and which still do not wear it or wear it for a smaller part of the day, it was supposed that reasons will be of a mental nature<sup>1,12</sup>. In case of patients which had an orthopedic prostheses, but also the dental prosthesis, it was observed that patients which were dissatisfied with the orthopedic prosthetic rehabilitation that was objectively of a good quality were largely also dissatisfied with the other, dental prosthetic therapy.

Results of the control group, (i.e. the patients dissatisfied with the dental prosthetic therapy which is objectively of a good quality) showed by psychological tests a slightly higher degree of neurotic quality, although it is not statistically significant. Because of that we didn't present it with the separate table. In both cases, the

reason of dissatisfaction is not in the poor quality of the prosthetic aid. That is to say, some of the patients dissatisfied with both prosthetic therapies have the ascertained increased results on the scale of neuroticism, and even psychoticism, which is in accordance with the research by other authors<sup>14,26</sup>, but it is not statistically significant ( $p < 0.09$ ).

## REFERENCES

- GALLAGHER, P., M. MACLACHLAN, Arch. Phys. Med. Rehabil., 83 (2002) 1464. — 2. HAKESTAM, U., T. KARLSSON, B. SODERFELDT, O. RYDEN, P. GLANTZ, Acta Odontol Scand., 55 (1997) 365. — 3. BALZER RILEY, J: Communication in nursing. (St. Louis, Mosby, 2000). — 4. FAULKNER, A: Effective interaction with patients. (Churchill Livingstone, Edinburgh, 1992). — 5. PAYNE, S., J. WALKER: Psychology for nurses and caring professions. (Open University Press, Buckingham, 1996). — 6. SUJOLDŽIĆ, A., A. DELUCIA, R. BUCHEGGER, R. TERZIĆ, I. BEHLULI, Z. BAJRAMI, Coll. Antropol., 27 (2003) 431. — 7. WAN DER MELJ, W.K.N: No leg to stand on (Proost International Book Production, Turnhout, 1995). — 8. WARMUZ, A., D. SZELIGA, G. KRZEMIEN, B. STEMPELWSKA, J. WITANOWSKA, Wiad Lek., 57 (2004) 331. — 9. KAY, E. J., Br. Dent. J., 20 (1993) 212. — 10. GEERTZEN, J. H. B., J. D. MARTINA, H. S. RIETMAN, Prosthet. Orthot. Int., 25 (2001) 14. — 11. ROMMERS, G. M., L. D. VOS, J. W. GROOTHOFF, W. H. EISMA, Clin. Rehabil., 15 (2001) 92. — 12. KNEZOVIĆ-ZLATARIĆ, D., A. ČELEBIĆ, M. VALENTIĆ-PERUZOVIĆ, J. PANDURIĆ, R. ČELIĆ, R. POLJAK-GUBERINA, Acta Stomat. Croat., 35 (2001) 69. — 13. CALMELS, P., F. BETHOUKS, B. LE-QUANG, P. Y. CHAGNOM, F. RIGAL, Ann. Readapt. Med. His., 8 (2001) 499. — 14. BEGOVAC, I., B. BEGOVAC, V. RUDAN, Coll. Antropol., 27 (2003) 135. — 15. JUKIĆ, V., V. BARIĆ, J. ČULAV-SUMIĆ, M. HERCEG, Ž. MAJDANČIĆ, M. WERFT-ČOP, Coll. Antropol., 27 (2003) 119. — 16. BERGOVAC, I., V. RUDAN, M. SKOČIĆ, O. FILIPOVIĆ, L. SZIROVICA, Coll. Antropol., 28 (2004) 393. — 17. WALKER, S. R., R. ROSSER: Quality of life assessment and application. (MTP Press, Lancaster, 1988). — 18. SPRANGERS, M. A., N. K. AARONSON, J. Clin. Epidemiol., 45 (1992) 743. — 19. GAFNI, A., S. BIRCH, J. Health Econ., 16 (1997) 601. — 20. EYSENCK, H. J: The structure of human personality. (Methuen, London, 1953). — 21. FULGOSI, A: Psihologija ličnosti. (Školska knjiga, Zagreb, 1981). — 22. WETTERHAHN, K. A., C. HANSON, C. E. LEVY, Am. J. Phys. Med. Rehabil., 3 (2002) 194. — 23. DEMET, K., N. MARTINET, F. GUILLEMIN, J. PAYSANT, J. M. ANDRE, Disabil. Rehabil., 9 (2003) 480. — 24. TURNEY, B. W., S. J. KENT, R. T. WALKER, I. M. LOFTUS, J. R. Coll. Surg. Edinb., 5 (2001) 271. — 25. THOMPSON, D. M., D. HARAN, Int. J. Reh. Res., 7 (1984) 159. — 26. BILODEAU, S., R. HERBERT, J. DESROSIERS, Can. J. Occup. Ther., 1 (1999) 23.

R. Poljak-Guberina

Private Prosthetic Practice, Rockefellerova 23a, 10000 Zagreb, Croatia  
e-mail: renata.poljak@zg.htnet.hr

## ZADOVOLJSTVO PACIJENATA PROTETSKIM NADOMJESCIMA

### SAŽETAK

Svrha rada bila je utvrditi čimbenike koji utječu na zadovoljstvo pacijenata protetskom terapijom. Također svrha rada bila je utvrditi postoje li zajednički čimbenici karakteristični za pacijente nezadovoljne protetskom terapijom iako ju liječnik specijalist ocjenjuje objektivno uspješnom. U istraživanju je sudjelovalo 52 pacijenta Kliničkog zavoda za rehabilitaciju i ortopedsku pomagala kojima je nakon bezuspješne kirurško-protetske rehabilitacije učinjena reamputacija i protetska opskrba, koju je liječnik ocijenio uspješnom. Pokušalo se utvrditi u kojoj mjeri se ocjena liječnika poklapa sa zadovoljstvom pacijenta. Na temelju upitnika specijalno izrađenog za ovo ispitivanje i statističke obrade zaključeno je da u slučajevima gdje liječnik protetsku terapiju ocjenjuje uspješnom, isto mišljenje dijeli i većina pacijenata (92.3%). Pacijenti su podjednako zadovoljni funkcijom i estetikom proteze (73%). Razlog što je 7.7% pacijenata nezadovoljno terapijom u slučaju kad liječnik smatra da objektivno nema razloga treba tražiti u nemedicinskim čimbenicima. Dob, školska sprema, bračno stanje, materijalno stanje, veličina mjesta boravka i regionalna pripadnost ne utječu značajno na zadovoljstvo pacijenta protezom ( $p > 0.05$ ). Pacijenti sa manjim invaliditetom brže postižu zadovoljstvo protetskom terapijom, kao i dešnjaci ako se radi o protezi na desnom ekstremitetu ( $p < 0.05$ ). Ova istraživanja pokazala su da se neuroticizam u protetskih pacijenata ne može smatrati odgovornim za nenošenje protetskih pomagala, kako ortopedskih, tako i zubnih proteza, jer ta povezanost nije statistički značajna ( $p < 0.09$ ).