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"Satisfaction on behavioural counselling therapy among Tobacco users Attending counselling session in private dental colleges and dental outreach Programs in Chennai- A Cross sectional study"

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ABSTRACT:

AIM:

To assess the level of patient satisfaction with behavioural counselling therapy among tobacco users attending counselling sessions in private dental colleges and dental outreach programs in Chennai, and to identify areas of strength and improvement within the counselling process.

MATERIALS AND METHODS:

A cross-sectional questionnaire-based study was conducted among 384 tobacco users, equally divided between participants from private dental colleges (n=192) and dental outreach programs (n=192). A structured 16-item questionnaire was used to evaluate satisfaction across key counselling parameters such as clarity of information, counsellor empathy, visual aids, reading materials, and perceived impact. Responses were recorded on a 4-point Likert scale (Strongly Agree to Strongly Disagree). Data were analyzed using descriptive statistics, and associations were evaluated using the Chi-square test, with $p < 0.05$ considered statistically significant.

RESULTS:

High levels of satisfaction were reported for most aspects of the counselling, especially the counsellor's professionalism (Q11), clarity in addressing doubts (Q12), and overall satisfaction with the session (Q14). Visual materials (Q6) also received near-universal approval. Question 3 (satisfaction with reading material) showed a statistically significant variation across duration of tobacco use ($p = 0.031$), with long-term users in outreach settings expressing comparatively lower satisfaction. Mild disagreement was also observed regarding cost-related discussions (Q9) and the impact of tobacco on family (Q10) among outreach participants.

CONCLUSION:

The study reveals a generally high level of patient satisfaction with behavioural counselling, affirming the effectiveness of current strategies, particularly in private dental settings. However, specific improvements are needed in the content delivery for long-term users, especially in outreach contexts. Tailoring educational materials and sensitively addressing cost and family-related issues can help enhance the counselling experience and strengthen tobacco cessation efforts.

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I. INTRODUCTION:

Tobacco use is one of the leading cause of premature death and preventable illness(1). The extensive use of tobacco plays a pivotal role in increasing burden of non-communicable diseases which includes lung cancer, oral cancer, hypertension and cardio-vascular diseases(2)

Tobacco use is also a significant cause in periodontal disease[3] and delayed wound healing[4].

Tobacco is a major health burden and the projection that by 2030, there will more than 8 million deaths every year and more than 80% of these tobacco associated deaths will be in developing countries[5].

Article 14 of the WHO Framework Convention on Tobacco Control (WHO FCTC) stipulates that members should ensure that all tobacco users are identified and provided with at least brief advice during a health interaction[6]. Screening for tobacco use and subsequent personalised brief advice often proves to be opportunistic, as the identified smoker might not be seeking tobacco cessation support[7].

Tobacco cessation interventions are among the most cost-effective treatments within the healthcare system. Smoking has a heavy social gradient, as its severe influence on health strikes even harder among disadvantaged and vulnerable groups[8]

To reduce the tobacco-related inequity in health, it is pivotal to reach out to those most in need with the most effective cessation interventions[9]. In addition policies, strategies and campaigns should be used to prevent new users from initiating tobacco use[10].

Tobacco cessation activities will have to be initiated and implemented by all stakeholders of the health care delivery systems. One of the effective techniques in helping individuals deal with Tobacco use is counselling[11].

Counselling is a process of communication between the health care provider and client who is dealing with an issue. It has been defined as "the process by which the structure of the self is relaxed to the satisfaction of the client's relationship with therapist and where previously denied experiences are perceived and thus integrated into an altered self." It entails helping the patient arrive at solutions for problems that he/she is currently facing[12].

Studies have shown that oral health professionals perceive Tobacco cessation as a part of their services to their clients[13].

In the Consensus Report of the 2nd European Workshop on Tobacco Use Prevention and Cessation for Oral Health Professionals, Ramseier etal.,(2010) have outlined provision of basic, intermediate and advanced care for helping patients quitting Tobacco use that are specific for dental team members[14].

In a systematic review of interventions for Tobacco cessation by dentists, Carr and Ebbert (2012) have reported that abstinence rates may increase among Tobacco users as a result of behavioural interventions with an oral examination component provided by dentists and their auxiliaries in clinics or community settings[15].

Behavioural counselling therapy has emerged as a pivotal intervention, offering support and strategies to individuals seeking to quit smoking and reduce tobacco dependency

This study aims to assess the satisfaction levels of tobacco users attending behavioural counselling sessions at private dental colleges and outreach programs in Chennai. By examining the experiences of participants, we seek to gain insights into the effectiveness and acceptability of counselling services, ultimately contributing to the improvement of tobacco cessation initiatives in the region. Understanding these dynamics is essential for tailoring interventions that not only engage users but also empower them on their journey towards a healthier, tobacco-free life

II. MATERIALS AND METHODS:

The study was conducted with the aim to assess the satisfaction on behavioural counselling therapy among tobacco users attending counselling session in private dental college and dental outreach programs in Chennai

STUDY DESIGN:

It was a descriptive cross-sectional study

STUDY SETTING:

The present study was conducted in the Department of Public Health Dentistry, Tagore Dental College and Hospital and also in several dental outreach programmes conducted by Tagore Dental College and Hospital in Chennai.

STUDY POPULATION:

INCLUSION CRITERIA:

Tobacco users attending only behavioural cessation counselling in private dental college and in dental outreach programs in the age group of 20-60 years

Tobacco users attending behavioural counselling session for the first time

EXCLUSION CRITERIA:

Tobacco users attending behavioural cessation counselling with carbon monoxide analyser

Tobacco users attending follow up sessions

ETHICAL APPROVAL:

Approval for this study was obtained from the instituitional ethical committee of Tagore dental college and hospital

INFORMED CONSENT:
Objectives were explicitly mentioned to the students participating and those who were willing to participate and gave their consent were included in the study

SAMPLING METHOD AND SAMPLE SIZE:
Simple random sampling method is used in the study
Sample size with calculation methods:

SAMPLE SIZE
$n = z^2 pq/d^2$
z = 1.96 (Level of confidence according to the standard normal distribution)
p = 50% = 0.50 (50%)
$q = 1 – 0.50 = 0.50$ (1 − p) = 100 − 50 = 50
d = 0.05 (Tolerated margin of error)

$$n = \frac{1.96 \times 1.96 \times 0.50 \times 0.50}{0.05 \times 0.05}$$

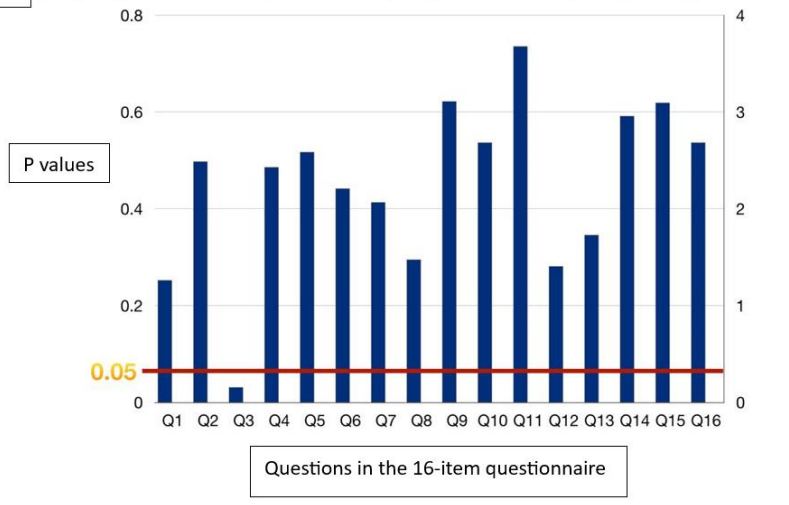
n=384

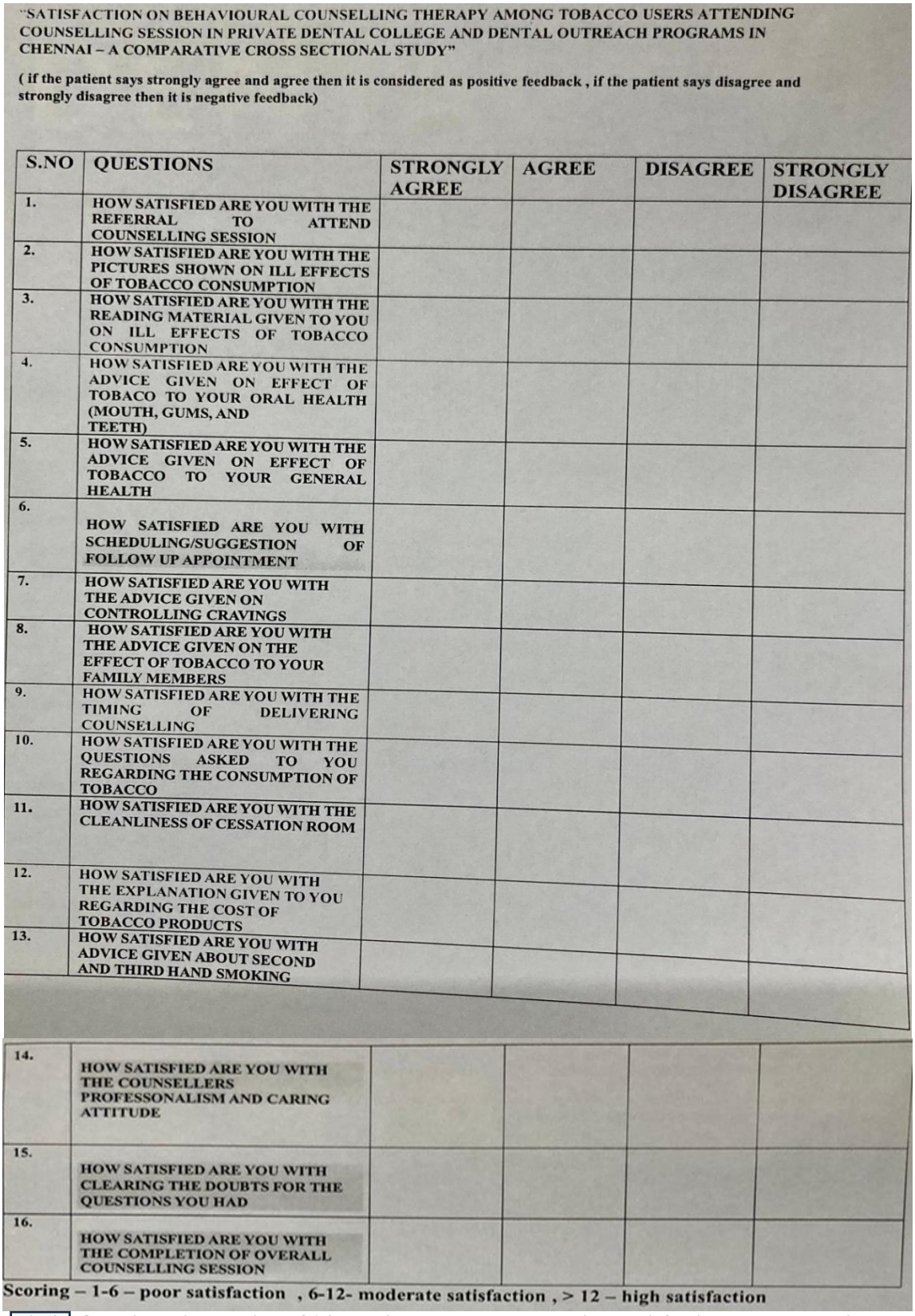
Thus 384, responses will be considered as a minimum sample size for this survey , ie: 192 each in two groups (Group 1- Private dental college , Group 2-Dental outreach programmes)

STUDY TOOLS:
The questionnaire of the present study was developed by the authors after reviewing the relevant published literature and the most recent available information
A questionnaire comprising of demographic details and 16 questions related to satisfaction on behavioural counselling therapy which will be administered to the participants.
The questionnaire was also tested for content validity by panel of 5 experts. The value obtained was 0.90
The questionnaire scoring pattern is done ie:1. 1-6 – poor satisfaction
2. 6-12 – moderate satisfaction
3. >12 – high satisfaction
A 4-point Likert scale will be used for scoring purpose

STATISTICAL ANALYSIS OF DATA COLLECTION:
The data which is obtained from the study is collected will be analyzed. Frequency and percentage will be estimated for all categorical variables. The comparisons between the qualitative variables will be performed using the Chi-square test. Pearson/Spearman correlation test will be performed to assess correlation. The level of statistical significance of all test will be $P < 0.05$

Fig 1 Chi square p values for the data collected of 384 participants from the 16 questions in the questionnaire





"SATISFACTION ON BEHAVIOURAL COUNSELLING THERAPY AMONG TOBACCO USERS ATTENDING COUNSELLING SESSION IN PRIVATE DENTAL COLLEGE AND DENTAL OUTREACH PROGRAMS IN CHENNAI – A COMPARATIVE CROSS SECTIONAL STUDY"

(if the patient says strongly agree and agree then it is considered as positive feedback , if the patient says disagree and strongly disagree then it is negative feedback)

S.NO	QUESTIONS	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
1.	HOW SATISFIED ARE YOU WITH THE REFERRAL TO ATTEND COUNSELLING SESSION				
2.	HOW SATISFIED ARE YOU WITH THE PICTURES SHOWN ON ILL EFFECTS OF TOBACCO CONSUMPTION				
3.	HOW SATISFIED ARE YOU WITH THE READING MATERIAL GIVEN TO YOU ON ILL EFFECTS OF TOBACCO CONSUMPTION				
4.	HOW SATISFIED ARE YOU WITH THE ADVICE GIVEN ON EFFECT OF TOBACO TO YOUR ORAL HEALTH (MOUTH, GUMS, AND TEETH)				
5.	HOW SATISFIED ARE YOU WITH THE ADVICE GIVEN ON EFFECT OF TOBACCO TO YOUR GENERAL HEALTH				
6.	HOW SATISFIED ARE YOU WITH SCHEDULING/SUGGESTION OF FOLLOW UP APPOINTMENT				
7.	HOW SATISFIED ARE YOU WITH THE ADVICE GIVEN ON CONTROLLING CRAVINGS				
8.	HOW SATISFIED ARE YOU WITH THE ADVICE GIVEN ON THE EFFECT OF TOBACCO TO YOUR FAMILY MEMBERS				
9.	HOW SATISFIED ARE YOU WITH THE TIMING OF DELIVERING COUNSELLING				
10.	HOW SATISFIED ARE YOU WITH THE QUESTIONS ASKED TO YOU REGARDING THE CONSUMPTION OF TOBACCO				
11.	HOW SATISFIED ARE YOU WITH THE CLEANLINESS OF CESSATION ROOM				
12.	HOW SATISFIED ARE YOU WITH THE EXPLANATION GIVEN TO YOU REGARDING THE COST OF TOBACCO PRODUCTS				
13.	HOW SATISFIED ARE YOU WITH ADVICE GIVEN ABOUT SECOND AND THIRD HAND SMOKING				
14.	HOW SATISFIED ARE YOU WITH THE COUNSELLERS PROFESSONALISM AND CARING ATTITUDE				
15.	HOW SATISFIED ARE YOU WITH CLEARING THE DOUBTS FOR THE QUESTIONS YOU HAD				
16.	HOW SATISFIED ARE YOU WITH THE COMPLETION OF OVERALL COUNSELLING SESSION				

Scoring – 1-6 – poor satisfaction , 6-12- moderate satisfaction , > 12 – high satisfaction

Fig 2 : Questionnaire consists of 16 questions related to the patient satisfaction on the behavioural counselling therapy which was administered to the participants (Scoring was done using a four- point Likert scale)

The data collected from 384 participants were coded and entered into Microsoft Excel and analysed using IBM SPSS (Version 30 – September 2024)

Descriptive statistics including frequencies and percentages were calculated for all categorical variables. The primary objective was to assess satisfaction differences across tobacco use duration groups (0–1 year, 1–5 years, 6–10 years, >10 years) for each of the 16 satisfaction-related questions.

Chi-square test was applied to assess the association between tobacco use duration and satisfaction responses (categorized as *Agree* or *Disagree*). A p-value of **< 0.05** was considered statistically significant.

The bar chart in the above figure depicts all the p values for the total of 16 questions in the questionnaire out of which,

The most significant association was observed in **Question 3** (*"Satisfaction with reading material on ill effects of tobacco"*), with a **p-value of 0.031**, indicating **variability in satisfaction among users with different durations of tobacco use**.

The least significant association was observed in **Question 8** (*"Cleanliness of the cessation room"*), with a p-value close to **0.736**, indicating **uniform satisfaction across all groups**.

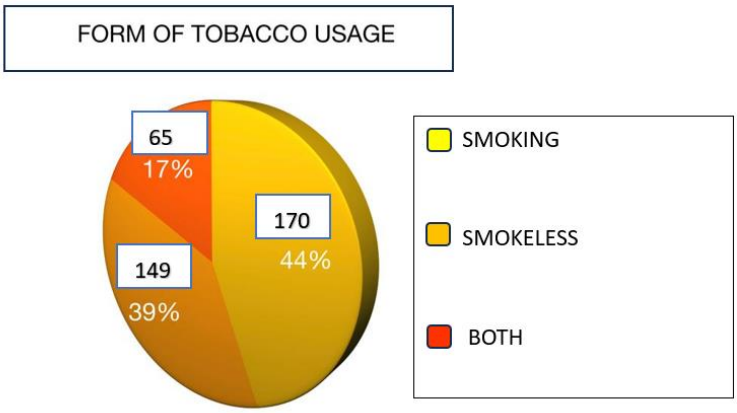
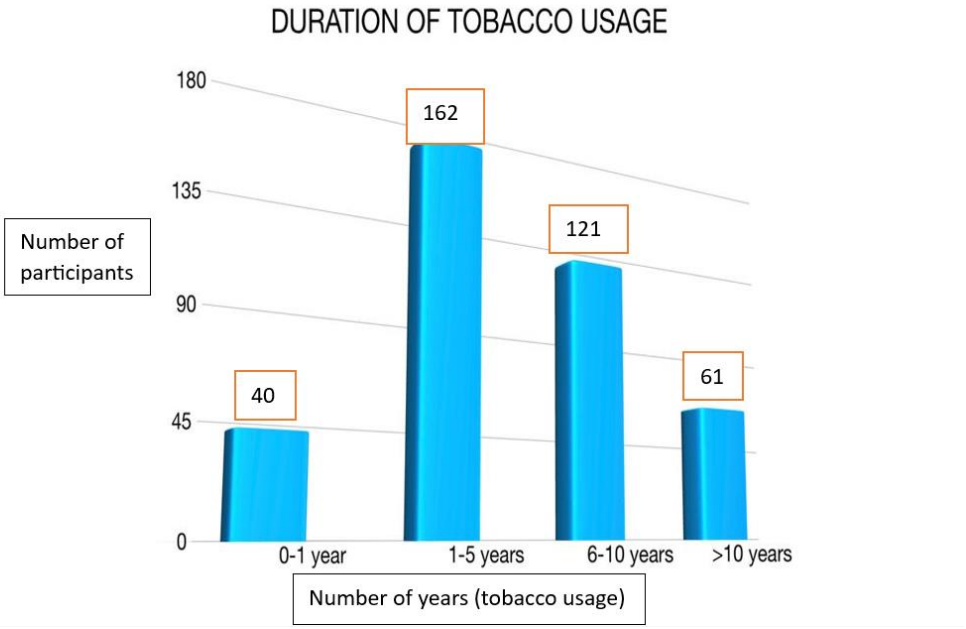


Fig 3: Pie chart representing the number of participants using different forms of tobacco and their percentage (out of the 384 participants)

Fig 4: The bar graph representing the duration of tobacco usage by the participants which involves the number of years as 0-1 year, 1-5 years, 6-10 years and >10 years along the X-axis and the number of participants along the Y-axis (out of the 384 participants



Following the application of descriptive statistics and inferential analysis, the data were evaluated to identify variations in patient satisfaction across different subgroups of tobacco users. The bar chart representing p-values across all questions further highlights this distribution, with most items showing uniformity of responses across subgroups, while a few questions indicated divergent perceptions based on user experience level.

The results section includes the frequency distributions of the responses given by the participants based on the duration of tobacco usage and also the setting of the counselling (private dental college and dental outreach programmes) and also with the corresponding p- value to each question offering a comprehensive insight into the patterns of patient satisfaction with behavioural counselling therapy.

		0-1 year		1-5 years		6-10 years		> 10 years		
S.NO	**QUESTIONS**	**A**	**DA**	**A**	**DA**	**A**	**DA**	**A**	**DA**	**p value**
1.	HOW SATISFIED ARE YOU WITH THE REFERRAL TO ATTEND COUNSELLING SESSION	40	0	162	0	121	0	62	0	0.253
2.	HOW SATISFIED ARE YOU WITH THE PICTURES SHOWN ON ILL EFFECTS OF TOBACCO CONSUMPTION	40	0	161	1	120	1	62	0	0.498
3.	HOW SATISFIED ARE YOU WITH THE READING MATERIAL GIVEN TO YOU ON ILL EFFECTS OF TOBACCO CONSUMPTION	29	11	121	41	100	21	50	12	0.031
4.	HOW SATISFIED ARE YOU WITH THE ADVICE GIVEN ON EFFECT OF TOBACO TO YOUR ORAL HEALTH (MOUTH, GUMS, AND TEETH)	38	2	157	5	115	6	58	4	0.486
5.	HOW SATISFIED ARE YOU WITH THE ADVICE GIVEN ON EFFECT OF TOBACCO TO YOUR GENERAL HEALTH	37	3	156	6	113	8	57	5	0.517
6.	HOW SATISFIED ARE YOU WITH SCHEDULING/SUGGESTION OF FOLLOW UP APPOINTMENT	36	4	149	13	106	15	54	8	0.442
7.	HOW SATISFIED ARE YOU WITH THE ADVICE GIVEN ON CONTROLLING CRAVINGS	36	4	152	10	111	10	55	7	0.414
8.	HOW SATISFIED ARE YOU WITH THE ADVICE GIVEN ON THE EFFECT OF TOBACCO TO YOUR FAMILY MEMBERS	33	7	147	15	101	20	51	11	0.295
9.	HOW SATISFIED ARE YOU WITH THE TIMING OF DELIVERING COUNSELLING	38	2	155	8	110	11	56	6	0.622
10.	HOW SATISFIED ARE YOU WITH THE QUESTIONS ASKED TO YOU REGARDING THE CONSUMPTION OF TOBACCO	35	5	148	14	108	13	55	7	0.537
11.	HOW SATISFIED ARE YOU WITH THE CLEANLINESS OF CESSATION ROOM	39	1	159	3	118	3	61	1	0.736
12.	HOW SATISFIED ARE YOU WITH THE EXPLANATION GIVEN TO YOU REGARDING THE COST OF TOBACCO PRODUCTS	36	4	150	12	105	16	54	8	0.281
13.	HOW SATISFIED ARE YOU WITH ADVICE GIVEN ABOUT SECOND AND THIRD HAND SMOKING	37	3	154	8	109	12	56	6	0.346
14.	HOW SATISFIED ARE YOU WITH THE COUNSELLERS PROFESSONALISM AND CARING ATTITUDE	40	0	161	1	117	4	60	2	0.592

15.	HOW SATISFIED ARE YOU WITH CLEARING THE DOUBTS FOR THE QUESTIONS YOU HAD	35	5	153	9	111	10	57	5	0.619
16.	HOW SATISFIED ARE YOU WITH THE COMPLETION OF OVERALL COUNSELLING SESSION	37	3	151	11	108	13	55	7	0.537

A – Agree (Strongly Agree + Agree), DA – Disagree (Disagree + Strongly Disagree)

Table 1: The table depicts responses for all the questions in the 16-item questionnaire by the participants (384) where the options Strongly Agree and Agree are taken as Agree (A) and Disagree and Strongly disagree as Disagree (DA) also further subdivided on the duration of tobacco use as 0-1yr,1-5yrs,6-10yrs and >10yrs

Final column depicts the P- value for each question ie:$P < 0.05$ is statistically significant

III. RESULTS:

A total of **384 tobacco users** participated in the study, of which **192 were recruited from a private dental college** and **192 from dental outreach programmes** conducted in various community settings across Chennai. The participants were further subdivided into **four groups** based on their duration of tobacco consumption **ie: 0-1 years, 1-5 years, 6-10 years and > 10 years**. All participants were administered a structured questionnaire comprising **16 questions**, each designed to assess their level of **satisfaction with behavioural counselling therapy** received after the completion of their tobacco cessation counselling session.

For each of the 16 questions, four options were provided which involved **Strongly Agree (1), Agree (2), Disagree (3) and Strongly Disagree (4).**
For ease of result tabulation the Strongly agree and Agree are combined together **as Agree (A) and Disagree and Strongly disagree as (DA).**

Across the study population, participants expressed **high levels of satisfaction** with the behavioural counselling provided. The majority of responses across all 16 questions fell under the **"Strongly Agree"** and **"Agree"** categories, indicating a **generally positive reception** of the counselling experience.
According to table 1;Question 2 which is how satisfied are you with the pictures shown regarding the ill effects of tobacco consumption reflects one of the highest satisfaction levels in the entire questionnaire
In the **0–1 year group**, **all 40 participants (100%)** were satisfied with the pictures shown, reporting either "Agree" or "Strongly Agree". In the **1–5 year group**, **161 out of 162 participants (99.4%)** agreed, with only **1 participant (0.6%)** expressing dissatisfaction.
Similar patterns were observed in the **6–10 year group**, with **120 out of 121 participants (99.2%)** reporting satisfaction and just **1 person (0.8%)** expressing disagreement. In the **more than 10 years** group, **all 62 participants (100%)** indicated satisfaction,
The differences between groups were not statistically significant as seen in the last column of table one and also the bar graph as shown in Fig 1 ;(**p = 0.498**), reinforcing that **visual aids are consistently well-received regardless of the participant's duration of tobacco use**. This uniformity of positive feedback underscores the **power of visual communication** in behavioural counselling. Regardless of literacy level, duration of tobacco dependency, or age, participants responded strongly to **pictorial representations** of tobacco's harmful effects.
Comparing the response based on the private college and dental outreach programmes both groups responded with similarity with no marked variation in satisfaction levels

As seen in table 1 ;Question 4 and 5 which stated about the satisfaction of the participant on the information provided regarding the effect of tobacco on their oral and general health respectively and both questions received consistently high satisfaction rates across all the tobacco usage age groups
For question 4 ,**38 out of 40 participants (95%)** in the **0–1 year group** expressed satisfaction. Among **1–5 year users**, **157 participants (96.9%)** agreed or strongly agreed. In the **6–10 year** and **>10 year** groups, **115 (95%)** and **58 (93.5%)** participants, respectively, expressed satisfaction. The **p-value was 0.486**, according to final column of table 1 and also shown in the bar graph of Fig 1 ;indicating **no statistically significant difference** in satisfaction across groups
For question 5, Satisfaction was similarly high, with **37 (92.5%)** in the **0–1 year group** reporting agreement. In the **1–5 year group**, **156 participants (96.3%)** expressed satisfaction. In the **6–10 year group**, **113 participants (93.4%)** agreed, and in the **>10 year group**, **57 (91.9%)** participants agreed. The **p-value was 0.517**, again showing **no significant difference** across duration categories.

These findings of the question 4 and 5 respectively indicate that the information provided regarding the harmful oral and general effects of tobacco usage was well received with more than 90% satisfaction across all the subgroups.

For question 8 and 12 which is advice given regarding the effect of tobacco products on the health of family members of the participants and the information regarding the cost of the tobacco products there was relatively mixed response

For question 8, which addressed the **effects of tobacco on family members**, elicited some resistance among users — particularly among those in the outreach programmes. While most participants acknowledged the health risks, a small subset expressed disagreement or denial, possibly due to cultural stigma, guilt, or lack of awareness about the indirect consequences of their habit.

For question 12**, ("How satisfied are you with the explanation given to you regarding the cost calculation of tobacco products"),** satisfaction was comparatively lower, especially in the outreach programme group. While a majority of participants agreed with the counselling content, there was noticeable disagreement among certain individuals who expressed discomfort with being confronted about the financial expenditure on tobacco. The outreach group, in particular, showed higher disagreement, suggesting that economic vulnerability and personal sensitivity around spending patterns may influence how this question is received.

Despite overall agreement rates **exceeding 90% in both questions**, the p-values for **Question 8 (0.295) and for Question 12 (0.281)** as given in table 1 and shown in the bar chart of Fig 1 ;reflect non-significant statistical variation, but the emotional nuance in participant feedback highlights the importance of counselling tone and sensitivity when discussing personal or family-related consequences.

Now in Question 3, which is regarding the satisfaction of the reading material given to the participant explaining the ill-effects of tobacco consumption revealed significant difference in participant response based on the duration of tobacco use

From the data given in table 1 ;Out of the total 384 participants, **29 out of 40 (72.5%)** in the **0–1 year group** reported satisfaction (Agree/Strongly Agree), while **11 participants (27.5%)** expressed dissatisfaction (Disagree/Strongly Disagree). Among those in the **1–5 year group**, **121 participants (76.1%)** were satisfied and **41 (23.9%) were dissatisfied**.

Satisfaction rate showed a decline in the longer age group users, In the **6–10 year group**, **100 participants (approximately 67.1%)** agreed or strongly agreed that the reading material was satisfactory, while **21 participants (32.9%)** disagreed. Similarly, among those who had used tobacco for **more than 10 years**, only **50 participants (64.1%)** expressed satisfaction, while **12 participants (35.9%)** disagreed. These differences were found to be **statistically significant**, with a **p-value of 0.031** as given in the final column of table 1 and as well as in Fig 1 of the bar graph were only Q3 has a statistically significant P-value when compared to other questions, it is also marked by a red line to depict its significance.

This trend in satisfaction and dissatisfaction generally the reading material is well received but it turns out ineffective in long term tobacco users who may have previously encountered similar information or felt the content lacked novelty and depth

It reflects a possible plateau in cognitive engagement with basic educational materials over time, emphasizing the need for more **personalized, advanced, or interactive formats** for long term users.

The private dental college and outreach programme comparison did not show a significant difference, a slightly higher agreement was seen in private dental college surrounding likely due to better resource accessibility, structured counselling environments, and standardized handouts.

Now for the **questions 14, 15 and 16** which are the key indicators of counselling effectiveness which is **Q14.Counseller's professionalism and caring attitude, Q15.Satisfaction in clearing the doubts of the participants** and **Q16.Satisfaction with the completion of the overall counselling session**

For **Q14**, "How satisfied are you with the counsellor's professionalism and caring attitude?"*:*

An overwhelming **98–100% of participants** across all duration groups reported satisfaction. Both private dental college and outreach participants responded almost identically, with **no significant institutional variation**. The **p-value was 0.592**, indicating **no statistically significant difference**.

For **Q15**, "How satisfied are you with clearing the doubts for the questions you had?"*:*

Agreement ranged from **92% to 95%**, slightly lower than Q14 but still strongly positive.

A few instances of disagreement emerged from long-term tobacco users and older adults, suggesting a **need for more tailored clarification in complex cases**. The **p-value was 0.619**, again showing **no significant difference across groups**.

For **Q16**, "How satisfied are you with the completion of the overall counselling session?"*:*

This question served as a summary metric of participant experience, with **over 93% agreement across all categories**. Private dental college participants reported marginally higher satisfaction than outreach participants, likely due to better counselling structure, timing, and materials. The **p-value was 0.537**, confirming **statistically consistent satisfaction across subgroups**.

IV. DISCUSSION:

Tobacco cessation counselling is long being considered as a critical component in combating tobacco addiction, with numerous studies emphasizing its effectiveness in enhancing knowledge, motivation, and quit rates among users.

Majority of the existing literature have focused on counsellor's perspective, efficacy of different intervention models or short- term behavioural outcomes

Very few, if any, have explored the patient's satisfaction and subjective experience during counselling sessions — a crucial yet under-researched domain that could significantly influence counselling success and follow-up adherence.

This present study fills a key gap by assessing patient satisfaction with behavioural counselling therapy among tobacco users, across both institutional (private dental college) and community-based (outreach programme) settings. This patient-centric evaluation offers fresh insights into how users perceive various elements of counselling, such as communication quality, information delivery, emotional support, and post-counselling engagement.

In 2017 Satyanarayana et al. and his colleagues provided a comprehensive overview of India's tobacco cessation infrastructure and the National Tobacco Quitline Services, highlighting **implementation challenges** and the importance of **integrating cessation services into primary health care**. However, their focus was predominantly on **policy, program reach**, and **infrastructure effectiveness**.

In 2016, Priya Mohan et al. and Lando examined the mortality impact of oral tobacco in India, discussing socio-behavioural factors such as **gender norms, stigma, and low awareness** in rural populations. While they highlighted the need for contextually adapted messaging, they did not evaluate the **actual counselling sessions** provided to users.

The BMC public health study "Patient and physician concordance of 5As" (Andhra Pradesh and Gujarat 2013-14) compared matched patient and physician reports on the delivery of each **5As component—Ask, Advise, Assess, Assist, Arrange**—immediately after consultations. While it identified **low agreement** particularly on **Advise**, **Assess**, and **Assist**, the questionnaire focused only on whether components were delivered. The reporting done was binary ("Did it happen?" yes/no).

Study conducted in Bangalore by Sushi Kadanakuppe and Shankar Aradhya in June 2013, which is **"Survey of patient opinion on tobacco cessation counseling and services in a dental teaching institution and hospital"** a self-administered 29 item questionnaire reported by Reddy et al. was used , 29-item questionnaire captured patient acceptance of tobacco cessation services in a dental teaching hospital, covering items like "should student dentists ask/advice" ~80–83% agreement.

It focused more on the **attitude and the willingness** to the counselling consisting of **binary response which is YES/NO** type questions and also about patient awareness whether they were **aware about the community counselling services** solely it focused on the take of the patients in the student dentist **asking patients on their tobacco use, advise them to quit tobacco and also provide information on quitting tobacco.**

Patient satisfaction was checked only with two questions which included whether if they were **comfortable in receiving counselling advice in the respective surrounding or setup** and if the **patient would recommend counselling to others**.

While several comparative studies have explored the delivery and impact of tobacco cessation counselling, they have largely focused on **structural implementation**, **provider adherence**, or the **clinical feasibility of integrating counselling into dental setups**. Many such investigations have emphasized the **importance of the dentist's role**, assessed **counsellor satisfaction**, or evaluated the application of behavioural models like the **5As (Ask, Advise, Assess, Assist, Arrange)**. However, these studies have generally lacked an in-depth exploration of **how patients themselves perceive the counselling session**

Even in the limited studies that have attempted to measure **patient satisfaction**, the approach was mostly superficial — relying on **binary, yes/no responses** that failed to capture the **depth and nuance** of the patient experience. These tools could not evaluate how well the session was received, whether patients were truly comfortable, or if they felt the information provided was understandable, respectful, and actionable.

This study stands out in its design by utilizing a **16-item patient satisfaction questionnaire**, each framed with **four response options ranging from strongly agree to strongly disagree**, allowing for a detailed and graded understanding of the participant experience. Conducted across two distinct environments — **structured private dental college clinics and community-based dental outreach programmes** — and among both **short-term and long-term tobacco users**, the study offers a wide range framework for evaluating the effectiveness, reach, and reception of counselling across varied settings.

The positive agreement to most of the questions reflects a strong asset of the counselling process, especially in terms of **counsellor professionalism, clarity of communication, and visual engagement**. However, the study also revealed valuable **areas for improvement**, particularly among long-term users in outreach settings, who expressed **lower satisfaction with the standard reading material provided**. Similarly, discussions around the

cost of tobacco products and the impact of tobacco use on family members, though generally well accepted, **triggered some resistance**, particularly in the outreach group — possibly due to economic sensitivity or social dynamics.

These insights underscore the importance of cultural sensitivity, emotional awareness, and tailored educational materials when designing future cessation counselling models. Addressing these limitations in upcoming interventions can not only improve patient satisfaction but also enhance the overall effectiveness and ethical delivery of tobacco cessation services. By focusing on the patient perspective and reflecting on lived experience, this study paves the way for more humanized, adaptable, and impactful counselling strategies in both clinical and public health settings.

V. CONCLUSION:

This study which was conducted for 384 participants , provides meaningful insight into the satisfaction levels of tobacco users receiving behavioural counselling in both private dental colleges and community outreach settings.

By employing a **structured 16-item questionnaire** and analysing responses across varying durations of tobacco use, it highlights not only the overall effectiveness and acceptance of the counselling sessions, but also pinpoints specific areas needing refinement — particularly among long-term users and in outreach contexts.

The high level of agreement to most counselling elements draws a line under the **professionalism, clarity, and empathy** delivered by counsellors. Meanwhile, areas of mild disagreement, such as **reading material relevance** and **discussions on cost and family impact**, reveal opportunities for content personalization and improved emotional engagement. This patient-centred approach offers a powerful framework for enhancing future cessation programs, making them more responsive, inclusive, and impactful across diverse populations.

LIMITATIONS OF THE STUDY:

While this study provides valuable insights into patient satisfaction with behavioural counselling for tobacco cessation, a few limitations should be acknowledged.

Firstly, the data was entirely **self-reported**, introducing the possibility of **social desirability bias**, where participants may have overstated their satisfaction in a face-to-face setting. Additionally, the cross-sectional design **limits the ability to track whether high satisfaction translated into actual behaviour change or quit attempts over time.**

The study also **did not incorporate qualitative feedback, such as interviews or open-ended questions, which could have provided deeper understanding of participants' emotional responses**— especially among those who disagreed with certain counselling elements like cost discussions or family impact. In outreach settings, environmental factors such as crowded venues, limited time, or distractions may have influenced satisfaction levels, but these contextual variables were not recorded or adjusted for.

Finally, while the analysis included stratification by duration of tobacco use, **it did not explore differences based on age, gender, literacy, or socioeconomic status**, all of which may influence patient satisfaction and should be considered in future studies.

To address these limitations, future research should include **longitudinal follow-up**, incorporate **qualitative methodologies**. Counselling strategies should also be refined to address the **specific emotional and informational needs** of long-term users and outreach participants, particularly in areas where mild dissatisfaction was observed. These improvements will help ensure that tobacco cessation programs are not only effective but also **equitable, engaging, and truly patient-centred**.

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