

Satisfaction of patient's in the dental clinics of Riyadh Dental College, Riyadh University, Saudi Arabia

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Abstract: Riyadh College has a history of more than eleven years of teaching faculties such as dentistry and pharmacy. The cost of the dental services is heavily subsidized by the college; treatment depends on each patient's case and on the student schedule for the clinics. These factors probably lengthen the treatment period compared to the patient's expectations. We focus in our research about satisfaction of patients inside the clinic by questionnaire form. Randomly we chose 25 male patients and 25 female patients for our study. The questionnaire was designed in Arabic, and translated to English later after completion to make it convenient for the patient's purpose. The items on the questionnaire were mainly categorized under 3 dimensions: access, the physical process of arranging for and getting to dental care; convenience, the location of clinics; and quality, defined as how good the care is, both in term of technical and interpersonal aspects of the process. Patients with missing responses for a given question were excluded from that category in the data analysis. The major reason for admission was relief of pain (28%).

A high proportion of the patients visited the dentist only when they had a problem (94%): For the comfort ability on the dental chair 62% patients were comfort. And the cost for the provided service was reasonable cost (62%). The results of the present study showed Satisfaction of patients in dental clinics depends on several factors from entering the patient into the clinic and to leave from the clinics. Although this study shows a positive response on the care of patients in clinics in Riyadh dental college there should be more related researches on the topic.

Keywords: satisfaction; dental clinics; Riyadh dental college; questionnaire;

I. Introduction:

Riyadh College, has a history of more than 6 years teaching faculties such as dentistry and pharmacy. The cost of the dental services is heavily subsidized by the college; treatment depends on each patient's case and on the student schedule for the clinics. Patients with acute problems can, however, make an emergency appointment and are seen on the same day. These factors probably lengthen the treatment period compared to the patient's expectations. We are focus in our research in satisfaction of patients to from all parties inside the clinic by questionnaire form. Additionally, as reported by Feine, Awad and Lund, disappointment with treatment assignment could also have negatively affected the mean satisfaction scores [1]. Some patients may have difficulty evaluating the technical quality of the dental service they had received, and would base their judgment on other factors, such as physical settings and the ability to solve problems [2]. It has been reported that patients prefer a caring and pleasant dentist to a skilled one alone [3]. The patients were satisfied with technical aspects of the treatment, a criterion that is met fairly often in real practice [4]. The latter reported that the 2 issues cited by patients as most important in evaluating dental care were the dentist's awareness of discomfort, and explanation of treatment. Similarly, Kress and Silversin found interpersonal factors (personality and communication) to be the most frequently cited by their focus groups as important to satisfaction with dental care [5].

II. Aim of the Research:

To analyze the extent of patient satisfaction with the services provided to him or her in the University Hospital of Riyadh College of Dentistry and find out ways to avoid future.

III. Methods & Materials

The questionnaire was designed in Arabic, and we will make our study in the university Hospital of Riyadh College. We chose a random sample of 50 patients divided to 25 male patients and 25 female patients. The patients have to complete a questionnaire that required them to supply personal details and information regarding their current visit and use of the dental service. The items on the questionnaire were mainly categorized under 3 dimensions: access, the physical process of arranging for and getting to dental care; convenience, the location of clinics; and quality, defined as how good the care is, both in term of technical and

interpersonal aspects of the process. The questionnaire contained a list of 21 questions about various aspects of dental care and the participants will asked to indicate their degree of agreement with the statements (Excellent, very good, good, bad) questions were randomly arranged and asked in either a positive or negative way to minimize the inertia response given by the respondents For young patients, their caregivers were asked to fill in the form, and for patients who were illiterate, dental students will assist in filling in the forms. Questionnaires were not marked in any way that might permit identification of the patient. Patients with missing responses for a given question were excluded from that category in the data analysis.

IV. Results:

Questionnaires were distributed to 50 patients, and responses were received from 50 (response rate 100%), of whom 25 were male (table 1). The age range was between 11 and 61 years.A sizeable proportion (48%) had high school level education.The final result of the extent of patient satisfaction for Riyadh College of Dentistry clinics in general:

The major reason for admission (28%) was relief of pain.

A high proportion of the patients (94%) visited the dentist only when they had a problem: For the comfort ability on the dental chair (62%) was comfort. And the cost for the provided service (62%) was reasonable cost. Table2 shows descriptive statistics of the dimensions of dental satisfaction with the dental service.

V. Discussion

Evaluation of the quality of health care has emerged as a key issue for all health services, and for some time it has been recognized that the patients' views are an essential component of such evaluation[1,2]. Patients can participate in the evaluation of quality of oral health care in 3 ways: by defining what is desirable or undesirable (i.e. setting standards of care); by providing information that permits others to evaluate the quality of care; and by expressing satisfaction or dissatisfaction with care. In the present study, the patients' contribution was in providing information and expressing satisfaction or dissatisfaction with oral health care. The results of this cross-sectional study in Satisfaction of patients in dental clinics is positive response resulting from several factors surrounding the patient from the first step to the final step of the patient were answered by standard questionnaire form.

Since the present study aimed to evaluate patient satisfaction and identify the major problems of the dental services, a response from 50 of the 50 patients selected was considered to be adequate.

It should be noted that the results of this survey are valid only for the group of patients participating in this study and not for the entire dental patient population of the kingdom of Saudi Arabia. To maximize participation rate, the questionnaires were collected during patient treatment, but prior to the finalization of that treatment. It should be noted, however, that the results might have varied if the responses had been collected at the end rather than during the treatment [1].

Additionally, as reported by Feine, Awad and Lund, disappointment with treatment assignment could also have negatively affected the mean satisfaction scores [3]. The importance of interpersonal factors for dental patient satisfaction was supported by Murtomaa and Masalin in a study in Finland [4] It has been reported that patients prefer a caring and pleasant dentist to a skilled one alone [5]. Providing the patient with further explanation of their treatment options should be highlighted to our students to achieve high level of satisfaction with service provided. The patients were satisfied with technical aspects of the treatment, a criterion that is met fairly often in real practice [6]. Similarly, Kress and Silversin found interpersonal factors (personality and communication) to be the most frequently cited by their focus groups as important to satisfaction with dental care [7].

VI. Conclusion

The results of the present study showed Satisfaction of patients in dental clinics depends on several factors from entering the patient to the clinic to get out from the clinics.

Most of the patients response was positive for to all the questions, Except for a very small percentage were answer negative .

Tables:

Table 1 dental satisfaction scale According to sociodemographic Characteristic.

Characteristic (n=50)	No.	%
Sex		
Male	25	50
Female	25	50
Age (years)		
11-20	6	12
21-30	16	32
31-40	11	22
41-50	9	18
51-60	6	12
>60	4	
Education		
Primary school	6	12
Intermediate school	12	24
High school	24	48
University	8	16

Table 2: Respondents answering positively in the dental satisfaction Questionnaire

Questionnaire item(abbreviated)	Positive No.	Response %
Do you usually receive the treatment/service you need during your visit	50	100
Are you satisfied for your Treatment	47	94
How would you rate the physical condition of the dental clinic	46	92
Did not wait long in waiting room	32	64
Dental clinic clean and tidy	45	90

Charts:

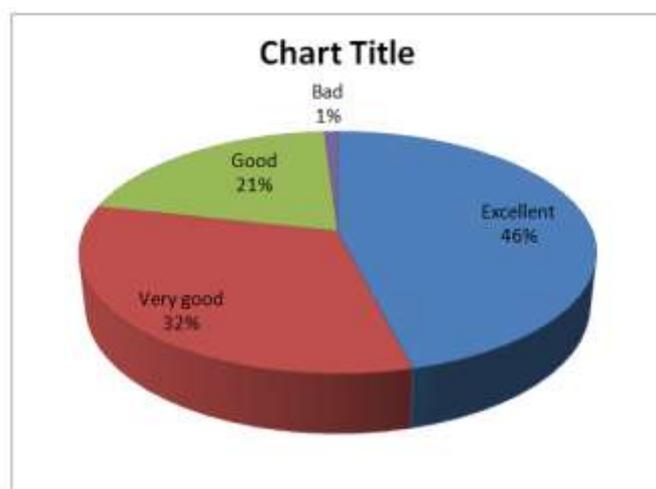


Chart 1



Chart 2

References

- [1]. Gurdal P et al. Factors of patient satisfaction/dissatisfaction in a dental faculty outpatient clinic in Turkey. *Community dentistry and oral epidemiology*, 2000, 28(6):461–9.
- [2]. Lahti S et al. Comparison of ideal and actual behavior of patients and dentists during dental treatment. *Community dentistry and oral epidemiology*, 1995, 23(6):374–8.
- [3]. Feine JS, Awad MA, Lund JP. Rejoinder to Bradley: Patient preferences and clinical trial design and interpretation: appreciation and critique of a paper by Feine, Awad& Lund. *Community dentistry and oral epidemiology*, 1999, 27(2):89–92
- [4]. Murtomaa H, Masalin K. Public image of dentists and dental visits in Finland. *Community dentistry and oral epidemiology*, 1982, 10(3):133–5.
- [5]. Newton, T. Involving the 'consumer' in the evaluation of dental care: a philosophy in search of data. *British dental journal*, 2001, 191(12):650–3
- [6]. Blinkhorn AS, Kay EJ. First impressions: Just what do my patients think of me? *Dental update*, 1999, 26(1):16–20
- [7]. Kress GC Jr, Silversin JB. Internal marketing and quality assurance through patient feedback. *Journal of the American Dental Association*, 1985, 110(1):29–34.