

# Professionalism Practiced by Dental Students as Perceived by Dental Patients: A Questionnaire Based Study

Abdulaziz Alshahrani, Heba Mastour AlQarni<sup>1</sup>, Ahmed Ali AlQarni<sup>1</sup>, Rafi Ahmad Togoo, Syed Sadatullah<sup>2,3</sup>

Departments of Pediatric Dentistry and Orthodontic Sciences, <sup>1</sup>Intern Dentist, <sup>2</sup>Dental Education and <sup>3</sup>Diagnostic Sciences and Oral Biology, King Khalid University College of Dentistry, Abha, Kingdom of Saudi Arabia

## Abstract

**Background:** Professionalism as a concept is complex and is associated with multiple factors including patients' age, gender, education qualification, ethnic background in addition to their social, psychological, and economic status. **Aim:** The objective of this study was to assess patients' perceptions of professionalism practiced by students during clinical practice. **Methods:** A self-administered questionnaire was given to 215 new patients attending Comprehensive Care and Intern Clinics at King Khalid University College of Dentistry Campuses. They were asked to respond to specific questions regarding student behavior and communication during treatment procedure. **Results:** Results revealed that majority of the students displayed professional appearance and behavior. However, they need to emphasize more on answering treatment-related patient's questions and doubts. Students and support staff need to make sure patients sign the informed consent form only after reading it completely. **Conclusion:** Results also indicate that dental students practice professionalism when they are trained right from the beginning of the dental program.

**Keywords:** Dental, education, professionalism, students

## INTRODUCTION

Assessment of professionalism of health-care providers is not new to the medical community; however, there is a dearth of information regarding professionalism practiced by dental care providers, especially in middle eastern countries. Due to improvements in health awareness in the Kingdom of Saudi Arabia, the standard of professionalism expected by patients from dental care providers has increased. These expectations are not only among patients attending private clinics but also among those attending public establishments more so teaching and training institutes. Patient satisfaction is one of the primary goals of dental treatment, and professionalism is an important criterion for judging patient satisfaction and success of dental treatment.<sup>[1]</sup>

There are numerous factors that affect professionalism ranging from simple ones such as physical appearance to complex ones such as clinical competence. In addition, behavior, empathy, communication, dedication, engagement, and concern shown to the needs of the patients promote a successful professional relationship. American Dental Education Association outlines

six values defining professionalism in dental education including competence, fairness, integrity, responsibility, respect, and service-mindedness.<sup>[2]</sup> For simplicity, Walsh<sup>[3]</sup> introduced three important components of professionalism, which are appearance, behavior, and communication. Brosky *et al.*<sup>[4]</sup> reported patients are more likely to discuss health issues with "well groomed" health-care professionals who have "professional tone voice" and "confident expression." Traditionally dressed physicians with white jackets, shirts, slacks, or skirts are preferred over casually clad ones.<sup>[5-8]</sup>

In Saudi Arabia, professionalism is being increasingly recognized as an important aspect of building a good

**Address for correspondence:** Dr. Syed Sadatullah,  
Department of Diagnostic Sciences and Oral Biology and  
Department of Dental Education, College of Dentistry, King Khalid University,  
3263, Abha 61471, Kingdom of Saudi Arabia.  
E-mail: sasadat@kku.edu.sa

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relationship with patients.<sup>[9]</sup> Professional behavior, ethical conduct, and evidence-based management by competent professionals are necessary requirements for excellent treatment outcome. Patients' opinion is the most important opinion regarding professionalism. In a teaching institute, students, faculty, researcher, and administrative staff come under the ambit of health-care providers.<sup>[2]</sup> Since students are the least experienced in their work, our study focused at evaluating their approach toward patients.

Plenty of investigations have been carried out on professionalism by physicians and nurses. In comparison to this plethora of work, not much has been investigated regarding dental health-care providers. In view of the stated problem, the purpose of this study was to evaluate patients' perceptions of professionalism practiced by King Khalid University College of Dentistry (KKUCOD) students during clinical practice. A secondary objective was to determine the level of patient awareness of the received dental service. It is expected that the results from this investigation will help improve the standard of dental care provided to patients visiting KKUCOD and also instill good professional and ethical practices in graduating students.

## METHODS

The study was conducted at KKUCOD Dental Clinics, Graiger and Al-Samer Campuses, Abha, Kingdom of Saudi Arabia. A cross-sectional design was employed to include 215 new patients (119 males and 96 females) with a mean age of 31.7 years. KKUCOD received 6849 patients in the year 2015–2016 up till the time the study was conducted. From this group of new patients, the ones that fit the inclusion and exclusion criteria were shortlisted. The shortlisted patients attending Comprehensive Care Clinics and Interns Clinics between February 1, 2016, and May 31, 2016 were offered a pretested self-administered questionnaire at the end of their dental procedure. Comprehensive Care Clinics were chosen for the study because students attending these clinics are from higher levels of the program and have already undergone professionalism training. In addition to this, Intern Clinics were included because of the variety of dental procedures performed by the interns. Only adult patients (between the age of 18 and 55 years) who showed no signs of any obvious psychological disorder were enrolled. Patients treated in intern Emergency Room (ER) clinics and those who completed dental treatment in one visit were excluded from the study.

The language used in the questionnaire was simple and comprehensible and was adapted from previous similar questionnaires.<sup>[5,7,8,10]</sup> It was developed in Arabic and English language addressing the concerns of KKUCOD Dental Clinics that were part of the outcome of previous "Patient Satisfaction Surveys" and "Intern Surveys."<sup>[11,12]</sup> It contained 17 questions and used 5-point Likert scale for recording data. Completed questionnaires were tabulated and analyzed for percentage frequency.

Before the commencement of the study, ethics approval was obtained from KKUCOD Scientific Research Committee and informed consent was obtained from all the patients.

## RESULTS

### Students' physical attributes and behavior results

Details of responses for physical attributes and behavior of students are given in Table 1. Eight questions from the questionnaire were regarding physical appearance and behavior of the students. Majority of the patients reported their first impression (89.8%) and the way they were received in the clinics (88.8%) by the student affected their confidence (Questions 1 and 2). When asked about their physical appearance, 91.2% agreed (54.9% strongly agreed) that the attire inspired assurance in the students' professional abilities (Question 3). In addition to the attire, their overall conduct exuded competence in their professional skills (Question 7, agree 88.8%). Two questions were asked to inspect patients' perception about the effect of student behavior on their comfort level during the treatment visits. Almost 9 out of 10 patients (88.4%) considered the students' demeanor increased their comfort level (Question 4). Similarly, 8 out of 10 of patients (79.6%) agreed that the overall behavior of the dental student improved their perception of dentists in general (Question 10). Almost one-third of the patients were not sure about the effectiveness of time management (31.6%) and the work environment (38.1%) of the students (Questions 5 and 6).

### Patients' awareness results

The second part of the survey included nine questions to elucidate patient awareness of the details of treatment procedure they were offered. Details of responses for patient's awareness of treatment received are mentioned in Table 2. According to their responses, 21.9% of the patients (Question 9) were asked to read the entire informed consent form before signing. Nearly 70% (Question 12) were informed about the risks and benefits of the treatment procedure. The students received a favorable response (97%) regarding respecting the patients' cultural and religious sentiments (Question 16). Nearly 22.3% of the surveyed patients reported that they were not informed about their right to accept or reject the treatment plan (Question 17).

When investigating patient's awareness of treatment details, nearly 90% of the patients agreed (Question 10) that their chief complaint was fully heard, and an even higher percent (96.3%) were informed about diagnosis, treatment options, and the duration of the treatment before the start of the treatment procedures (Question 11). Majority (93.4%) of the surveyed patients reported that the student used simple language while communicating with them (Question 13). When asked if the students answered their questions and clarified their doubts regarding the treatment procedures, nearly half (43.7% and 46%) of the surveyed patients remained neutral (Questions 14 and 15).

**Table 1: Survey responses for physical attributes and behavior of students**

Question number	Survey question	Agree		Don't know (%)	Disagree	
		Strongly (%)	Somewhat (%)		Strongly (%)	Somewhat (%)
1	First impression of the student affected my confidence	101* (47**)	92* (42.8**)	1* (0.5**)	16* (7.4**)	5* (2.3**)
2	The way of receiving me in the clinic also affected my confidence level	91* (42.3**)	100* (46.5**)	6* (2.8**)	6* (2.8**)	12* (5.6**)
3	Students' attire inspired assurance in his/her abilities	118* (54.9**)	78* (36.3**)	10* (4.7**)	6* (2.8**)	3* (1.4**)
4	Student's behavior increased my comfort level	72* (33.5**)	118* (54.9**)	8* (3.7**)	13* (6**)	4* (1.9**)
5	Effective time management showed the competence level of the student	10* (4.7**)	91* (42.3**)	68* (31.6**)	18* (8.4**)	28* (13**)
6	Maintained and an orderly work environment	16* (7.4**)	81* (37.7**)	82* (38.1**)	10* (4.7**)	26* (12**)
7	The overall conduct of student conveyed competence and increased comfort level	111* (51.6**)	80* (37.2**)	2* (0.9**)	16* (7.4**)	6* (2.8**)
8	The overall behavior of student improved my perception of dentists in general	90* (41.9**)	81* (37.7**)	25* (12**)	8* (3.7**)	11* (5.1**)

\*Number of responses, \*\*Response percentage, n=215

**Table 2: Survey responses for patient's awareness of treatment received**

Question number	Survey question	Agree		Don't know (%)	Disagree	
		Strongly (%)	Somewhat (%)		Strongly (%)	Somewhat (%)
9	I was asked to read the entire informed consent form before signing it	0* (0**)	47* (21.9**)	115* (53.5**)	35* (16**)	18* (8.4**)
10	My chief complaint was heard fully and in detail	98* (45.6**)	95* (44.2**)	1* (0.5**)	12* (5.6**)	9* (4.2**)
11	I was informed about the diagnosis, treatment options, and the duration of the treatment before the start of treatment	113* (52.6**)	94* (43.7**)	2* (0.9**)	2* (0.9**)	4* (1.9**)
12	I was informed about the risks and benefits of the treatment procedure	1* (0.5**)	148* (68.8**)	27* (12.6**)	0* (0**)	39* (18**)
13	Simple language used helped me understand technical terms effectively	119* (55.3**)	82* (38.1**)	2* (0.9**)	6* (2.8**)	6* (2.8**)
14	My questions were encouraged and clearly answered	3* (1.4**)	98* (45.6**)	94* (43.7**)	6* (2.8**)	14* (6.5**)
15	My assumptions were clarified by clear facts	6* (2.8**)	82* (38.1**)	99* (46**)	8* (3.7**)	20* (9.3**)
16	My culture and religious sentiments were respected	184* (85.6**)	25* (11.6**)	0* (0**)	3* (1.4**)	3* (1.4**)
17	I was informed about my rights in accepting or rejecting the treatment plan	27* (12.6**)	136* (63.3**)	5* (2.3**)	5* (2.3**)	42* (20**)

\*Number of responses, \*\*Response percentage, n=215

## DISCUSSION

Professionalism in health care has been described in many ways including lengthy descriptions about behavior, communication, and presentation of one's self.<sup>[13]</sup> To simplify the understanding, we defined it to be the way, in which a health-care provider presents to create maximum confidence in his/her professional abilities. Results of this study have provided data about patients' perception regarding physical attributes and behavior of KKUCOD students in Dental Clinics. As there is no set formula to judge the level of professionalism, we decided to prepare a modified questionnaire that suits the local needs. The first part of it covered the influence of nonverbal communication on patients' confidence. The results of our study were similar

in comparison to other similar studies.<sup>[5-7]</sup> For example, it is a known fact that the dress of health-care providers, which is a form of nonverbal communication, influences patients' initial perception about their competence.<sup>[14]</sup> We believe patients' first impression is created by three factors; the way the patient is received in the first appointment, the way the clinic personnel is dressed, and the ambience of the receiving area. In our study, nearly 90% of the patients agreed that their first impression had a strong influence on the perception of the students' competence. Similar percent of patients agreed on the way they were received by the students boosted their confidence in the students' treatment abilities. As expected, 91.2% patients believed the students' attire improved assurance in their abilities. The high approval rate in this regard is maybe

because, at KKUCOD, it is mandatory for students to wear clean scrub suits and men are required to have short hair while working in clinics. Training of professionalism is introduced from the first level of the program. Students are graded for their physical attributes and assessment of professionalism is included as one of their graduation competencies. Hence, it can be inferred that the way patients are received in their first visit and the dress of the health-care provider are actually factors influencing the first impression as the agree percentages for these questions coincide very closely [Table 1]. The third factor, ambience of the receiving area, was not assessed here because both the campuses, in which the study was carried out have very similar patient receiving areas.

The second step after initiating confidence is to provide a comfort zone to the patients so as to lower their anxiety levels during the course of treatment. The treatment itself will deal with the specific dental complaint, but the professionalism of the health-care provider influences patient satisfaction level. Almost 9 out of 10 of patients perceived the students' behavior affected their comfort level. An extra "check" question in this regard was included in the questionnaire with similar meaning but different words (Questions 4 and 7). A very similar response was received for the check question. In our opinion, behavior is not limited to verbal and nonverbal communication of the dentist, but it also includes effective time management and an orderly work environment. Patients' responses were largely neutral regarding time management and work environment (31.6% and 38.1%, respectively) displayed by students. This may be because the students' case appointments are managed by the clinic, and they are under constant supervision during procedures, and the patients were not able to decide whether to give the credit to the students. Pleasant first impression and good behavior throughout the treatment visits improved the perception of dentists in general as reported by our surveyed patients.

High positive responses i.e., 88.8%, 96.3%, 69.3%, and 93.4%, respectively, for Questions 10–13 were received for effective student–patient communication since it is also a requirement for students grading. This means that majority of the patients were aware of the treatment details and their right to accept or reject the treatment plan. Patients gave a highest positive response to the way students respected their cultural and religious sentiments. This showcases the sensitive and cordial approach that students had with their patients. However, more than half of the patients disagreed that they were asked to read the informed consent form before signing it. In addition, the results indicate that more number of students need to encourage patient questions and clarify

their doubts. Further studies should be carried out to evaluate the level of professionalism practiced by faculty as well as the administrative staff.

## CONCLUSION

According to patients' perception, dental students fared well with their professional behavior and patient interaction; however, they need to engage more with patient questions and clarify their doubts. Students and support staff need to make sure patients have signed the consent form only after reading it completely. In addition, results from this study, perhaps indicate that required standards of professionalism in students can be achieved when they are inculcated right from the beginning of the dental program.

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## Conflicts of interest

There are no conflicts of interest.

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