

Full Length Research Paper

Why do patients prefer Khyber College of Dentistry for dental treatment? A hospital based study

Basheer Rehman^{1*}, Amira Qadeer², Mujahida Bibi² and Anam Iqbal²

¹Department of Oral and Maxillofacial Surgery, Khyber College of Dentistry, Peshawar, Pakistan.

²Khyber College of Dentistry, Peshawar, Pakistan.

Accepted 07 January, 2019

The objective of this study was to investigate and analyze the most common reasons for patients visiting Khyber College of Dentistry, Peshawar Khyber Pakhtunkhwa, for dental treatment rather than visiting other dental care centers and private clinics. About 300 patients who visited Khyber College of Dentistry during the period from 20th October 2010 to 5th November 2010, irrespective of gender, were interviewed using a specially designed questionnaire. They were asked to give feedback regarding different reasons for undergoing treatment at this hospital. Males (40%) were remarkably dominated by females (60%) in this study, with 1:1.5 ratios. Patients in their 3rd decade (41.43%) were frequently interviewed followed by 4th decade (20%). Majority of these patients were illiterate. Most of the patients responded that they visited this hospital because of feasible access. 37.14% were referred by their relatives and Doctors (n=40, 28.57%). In response to a question regarding past experiences, 52.86% patients had a satisfactory experience with this hospital. Khyber College of Dentistry is attracting more patients in terms of quality and care. The future of this institution will be built on these bases to improve the delivery of dental care. Patients are directly accessing information on new technologies and treatment methods.

Key words: Khyber College of Dentistry, dental treatment.

INTRODUCTION

Oral diseases seem to be as old as mankind, but systemic scientific observation of oral health and disease started only a few generations ago. Most of the patients visit dental hospitals to seek treatment for their oral health disorders (McGrath and Bedi, 2001). Khyber College of Dentistry is the only tertiary care center providing oral health facilities to the community in various disciplines of dentistry. According to the published data, patients prefer to visit this institution more often than the rest in the region (Rehman and Din, 2009).

Patient satisfaction represents a key marker and is an internationally accepted standard for determining quality of the health care delivery systems and needs to be studied repeatedly for smooth functioning of the health care systems (Eduardo et al., 2000). Patient's utilization of health care systems is influenced by a range of

psychological, social, cultural, economic and political forces. Much literature is available about different variables pertaining to topics such as cost, behaviour, competence and communication skills of doctors, cleanliness of hospitals, waiting time and consultation time (Zhu et al., 2005).

Cost is of more concern to the patient as well as improved skills in part of the attending doctors, instructions for care, follow-up visit and medicine prescriptions. A clean and tidy premise has a very good impact. Clean equipment and instruments sterilization help a great deal in this regard (May and Pinder, 2008).

Objective

The objective of this study was to investigate and analyze the most common reasons for patients visiting Khyber College of Dentistry, Peshawar Khyber Pakhtunkhwa, for dental treatment rather than visiting other dental care centers and private clinics.

*Corresponding author. E-mail: trygeminal76@yahoo.com. Tel: +92-91-3339199288.

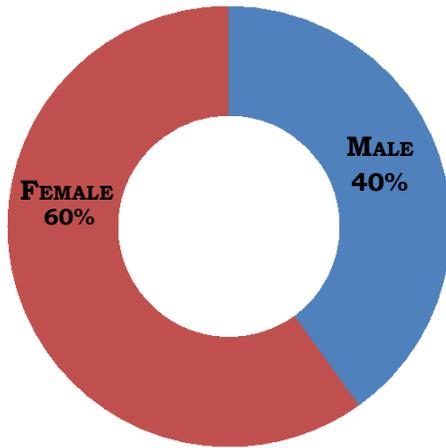


Figure 1. Gender distribution.

Table 1. Age distribution.

Age group (Decade)	Frequency	Percentage
1 st	0	00.00
2 nd	23	16.43
3 rd	58	41.43
4 th	28	20.00
5 th	19	13.57
6 th	10	07.14
7 th	00	00.00
8 th	02	01.43
Total	140	100

SUBJECTS AND METHODS

About 300 patients who visited Khyber College of Dentistry (KCD) during the period from 20th October 2010 to 5th November 2010 irrespective of gender were interviewed using a questionnaire. They were asked to give feedback regarding different reasons for having treatment at this hospital. Information so collected was analyzed using SPSS version 17.

RESULTS

In this study, males (40%) were remarkably dominated by females (60%) with 1:1.5 ratios (Figure 1). Age distribution was such that patients in 3rd decade (41.43%) were frequently seen, followed by 4th decade (20.0%). The detail of age distribution is given in Table 1.

Educational status showed that majority (45.71%) of these patients were illiterate (Figure 2). Patients with educational level of middle and matric were 25% (n=35), while undergraduates were 22.14% (n=31). About 7.14% (n=10) of the patients were either graduates or postgraduates.

In response to various questions regarding reasons for

which the patients prefer KCD over other dental hospitals and private clinics, 101 (72.14%) patients out of the total 140 patients responded that they come to this hospital because it is easy to access. About 37.14% (n=52) were referred by their relatives and doctors (n=40, 28.57%). In response to a question regarding past experience, 52.86% patients had a satisfactory past experience while 36.42% came for the first time.

Out of these, 61.43% were poor, having a monthly income of less than Rs.10000. Majority of them (n=110) were satisfied with the environment as friendly and academic. When asked about cleanliness and sterilization, 92.14% patients gave positive response. Out of the total 140 patients, 124 (88.58%) patients were impressed by the clinical skills of doctors working in KCD. Details are given in Table 2.

DISCUSSION

Oral and dental diseases are among the most common health problems, with a very high prevalence in both developed and developing countries, affecting people from all walks of life. The prevalence of these diseases is constantly increasing with changes in dietary habits. The prevalence of dental diseases in adults particularly females is approximately 60 to 65% in India (Dhar et al., 2007). The available epidemiological data clearly reflects a marked increase in the prevalence of dental diseases in many developed and developing countries (Seibert et al., 2004; Kaur et al., 2010). Females (60%) as compared to males (40%) in 3rd and 4th decade of life (61.43%) were most commonly observed seeking dental treatment. Our findings are in agreement with Dhar et al. (2007) and Seibert et al. (2004).

In the oral health context, literacy can be considered a skill necessary for people to understand the causes of poor oral health, to learn and adopt fundamental aspects of positive oral self-care behaviours, to communicate with oral health care providers, and to find their way to the dental health care centres (Parker and Jamieson, 2010). Illiterates were more frequent (45.71%) as compared to educated patients; partly because such patients have neglected oral hygiene and therefore suffer more frequently from oral diseases (the sentences about education status affecting oral health are contradictory to each other. The answer to this observation is that ideally the educational status of the patient will determine the oral health of the patient, if they are educated, they will visit dental hospitals and clinics regularly and will have minimum problems as compared to those who neglect their oral health because of their illiteracy so the results of my study is quite in agreement with the sentence quoted earlier.)

There is growing evidence based on the relationship between hospital design and health outcomes. People get affected by the appearance of the buildings of hospitals (Ulrich and Zimring, 2004). It has been observed that

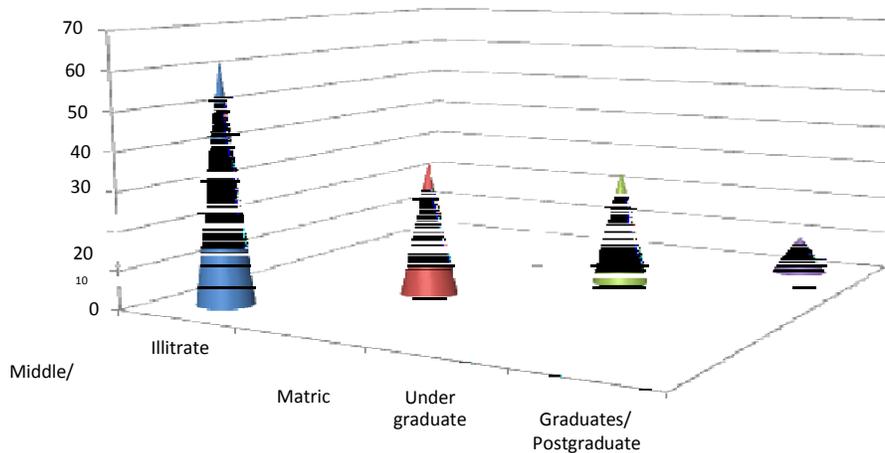


Figure 2. Educational level.

Table 2. Reason for preference.

Question asked	No. of patients	Percentage
Easy accessibility		
Yes	101	72.14
No	39	27.86
Referral		
Doctor	40	28.57
Friends	28	20.00
Relatives	52	37.14
Other patients	04	02.86
Self experience	16	11.43
Past experience		
Satisfactory	74	52.86
Unsatisfactory	15	10.72
No past experience	51	36.42
Socio-economic status (Rs. monthly)		
≤10,000	86	61.43
10,000 – 20,000	37	26.43
≥20,000	17	12.14
Environment		
Friendly/welcoming	55	39.28
Academic :	55	39.28
Welcoming attitude of the reception	30	21.42
Cleanliness/ sterilization		
Dental equipment	99	70.71
Wards	30	21.43
No idea	11	07.86
Skills of the doctor		
Best	41	29.29
Good	83	59.29
Unsatisfactory	5	03.56
No experience	11	07.86

observed that oral health knowledge and a caring attitude towards self has improved significantly. Patient satisfaction is the key to any successful dental practice and a change in the nature of patients' demands is underway. In our study majority of patients responded positively to different questions such as easy accessibility (72%), referral by those who have seen this hospital earlier (85.71%), friendly and academic environment (78.56%), sterilization and cleanliness (92.14%) and skillful doctors (88.58%). All these results showed that despite of racial and geographic similarities, the psychology and attitude of patients remain the same worldwide (Zhu et al., 2005).

In this study, 61.43% patients were those who belonged to poor socioeconomic group with monthly income of less than Rs. 10000. Cohen et al. (2009) in the University of Maryland Dental School, showed that individuals who experience the worst oral health are found among the poor of all ages. They further confirm their findings by stating that more than one in three people did not visit the dentist or a dental clinic within the past year. For individuals whose reported annual income was less than \$15,000, nearly 60% had not done so.

CONCLUSION /RECOMMNDATIONS

The dental profession known to us today may be held more accountable for patient care than ever before. As advances in the science and technology are made, patients' expectations of the dental profession will rise. Khyber College of Dentistry is attracting more patients in terms of quality and care. The future of this institution will be built on this basis to improve the delivery of dental care. Patients are directly accessing information on new technologies and treatment methods, thus, dental professionals will be held more accountable for the quality of their dental care than ever before.

REFERENCES

- Cohen LA, Harris SL, Bonitto AJ (2009). Low-Income and Minority Patient Satisfaction with Visits to Emergency Departments and Physician Offices for Dental Problems. *J. Am. Coll. Dent.*, 76(3): 23-30.
- Dhar V, Jain A, Van Dyke TE, Kohli A (2007). Prevalence of dental caries and treatment needs in the school-going children of rural areas in Udaipur district. *J. Indian Soc. Pedod. Prev. Dent.*, 25:119-121.
- Eduardo P. Macias BS, Morales LS (200). Utilization of health care services among adults Attending a health fair in south los angeles county. *J. Commun. Health*, 25(1): 35-46.
- Kaur R, Kataria H, Kumar S (2010). Caries Experience among Females aged 16-21 in Punjab, India and its Relationship with Lifestyle and Salivary HSP70 Levels. *Eur. J. Dent.*, 4:308-13.
- May D, Pinder J (2008). The impact of facilities management on patient outcomes. *Sheffield Hallam Univ. Res. Arch.*, 26(5):213-228.
- McGrath C, Bedi R (2001). Can dental attendance improve quality of life? *Br. Dent. J.*, 190(5):262-265.
- Parker EJ, Jamieson LM (2010). Associations between Indigenous Australian oral health literacy and self-reported oral health outcomes. *Parker and Jamieson BMC Oral Health*, pp. 10:3-8.
- Rehman B, Din QU (2009). Two years audit of maxillofacial surgery department at Khyber College of Dentistry. *Pakistan Oral Dent. J.*, 29(1):12-18.
- Seibert W, Farmer-Dixon C, Bolden TE, Stewart JH (2004). Assessing dental caries prevalence in African-American youth and adults. *J. Tenn. Dent. Assoc.*, 84:24-27.
- Ulrich R, Zimring C (2004). The Role of the Physical Environment in the Hospital of the 21st Century: A Once-in-a-Lifetime Opportunity. *The Center for Health Design, CA. USA*, 41(6): 755-786.
- Zhu L, Pettersen PE, Wang HY (2005). Oral health knowledge, attitudes and behaviour of adults in China. *Int. Dent. J.*, 55: 231-241.