



Improving Patient Satisfaction in Dental Practices through Interdisciplinary Collaboration between Nursing and Administrative Teams

¹-Majed Salamah Alhawiti, ²-Ashwag Mohammed Alotaibi, ³-Aisha Mousa Mohamad Shikh, ⁴-Mohammed Yahya Dahas, ⁵-Hessah Hmoud Ghazi Alotaibi, ⁶-Khalid Abdullah Saeed Alsaeed, ⁷-Meshal Samah Al Nawmasi, ⁸-Nawaf Abdullah Alharby, ⁹-Eibtesam Bunder Majwal Alshammari, ¹⁰-Khlood Shbbab Almotari

¹ Ksa, Ministry Of Health, Special Security Forces

² Ksa, Ministry Of Health

³ Ksa, Ministry Of Health, Jazan Cluster

⁴ Ksa, Ministry Of Health, King Saud Medical City

⁵ Ksa, Ministry Of Health

⁶ Ksa, Ministry Of Health, Qassim Health Cluster

⁷ Ksa, Ministry Of Health, Qassim Health Cluster

⁸ Ksa, Ministry Of Health, Arras General Hospital

⁹ Ksa, Ministry Of Health, Women, Maternity And Children's Hospital In Hail

¹⁰ Ksa, Ministry Of Health, Al Seeh Health Center

Abstract

Background: The provision of high-quality dental care significantly impacts patient satisfaction, particularly among the elderly population, who often experience complex oral health challenges. This study explores the role of interdisciplinary collaboration between nursing staff and administrative teams in dental practices as a means to improve patient satisfaction.

Methods: A systematic approach was employed to assess patient satisfaction levels of nursing and administrative personnel. The results revealed a positive correlation between effective collaboration and increased patient satisfaction, highlighting that streamlined communication and coordinated care significantly improved patient experiences. Additionally, staff reported greater confidence and efficiency in addressing patient needs when working collaboratively.

Results: The findings suggest that fostering an interprofessional environment not only enhances patient outcomes but also promotes job satisfaction among healthcare providers.

Conclusions: In conclusion, integrating collaborative practices in dental care settings is essential for improving patient satisfaction and overall care quality. Future efforts should focus on developing structured interprofessional education programs and collaborative frameworks that enhance teamwork between nursing and administrative staff within dental practices.

Keywords: Patient satisfaction, Interdisciplinary collaboration, Dental practices, Nursing staff, Administrative teams

Received: 10 October 2023 **Revised:** 24 November 2023 **Accepted:** 08 December 2023

1. Introduction

Oral health is assessed by the lack of orofacial discomfort, oral infections, periodontal illnesses, dental caries, tooth loss, and other orofacial ailments that may impact an individual's general physical and mental health, as well as social well-being [1-3]. This is a specific worry for the elderly. The global population is

aging rapidly. Extended longevity presents issues in addressing the intricate healthcare requirements of many elderly individuals and maintaining their quality of life. There exists a significant gap in the dental health of the elderly population, especially in affluent nations [4,5].

Globally, the oral health of those aged 65 and older is substandard, characterized by a significant incidence of dental caries, periodontal disorders, xerostomia, and progressive tooth loss [6]. Oral health issues can result in malnutrition and challenges with speech and swallowing [7]. There is growing evidence linking periodontal issues with systemic conditions, including type II diabetes, osteoporosis, and cardiovascular disorders such as myocardial infarction, stroke, coronary heart disease, and aspiration pneumonia, which may result in unplanned hospitalizations [8-10]. Substandard oral health affects morbidity, mortality, and recuperation duration post-treatment [11, 12]. Oral health issues may cause pain and suffering that may affect the attitude and behavior of older individuals, especially if they struggle to articulate their discomfort [13]. Subpar oral aesthetics and halitosis might diminish self-esteem and intensify social isolation [14]. Consequently, oral health issues may result in significant physical, psychological, social, and economic repercussions.

The majority of oral health issues seen by the elderly are either avoidable or manageable. Nevertheless, they continue to be underdiagnosed and mistreated because of the insufficient, ineffective, and inequitable allocation of oral health services [15]. The unsatisfactory provision of oral health services to the elderly is attributed to insufficient resources, a deficient comprehension of oral care among nursing personnel, a lack of interprofessional teamwork, and inappropriate policy frameworks [16, 17]. Time constraints, conflicting goals, excessive workload, and staffing challenges are substantial impediments to delivering dental care to the elderly [18].

The delivery of high-quality and prompt oral healthcare services to the swiftly growing elderly population has emerged as a significant concern for policymakers and health professionals. Significant alterations have transpired in the oral health care requirements of the elderly demographic in the twenty-first century, attributed to the conservation of natural dentition and the implementation of intricate prosthetic devices, including crowns, bridges, overdentures, and implants [19, 20]. These modifications underscore the need for personnel skilled in delivering oral health care to the elderly [21, 22]. As individuals age and experience declining health, many individuals need support with their dental and overall health care [23, 24]. This is especially applicable to dependent elderly individuals in residential care facilities and hospitals. Nonetheless, oral health treatment is considered a low priority by non-dental health professionals [6, 25-27].

Interprofessional education and collaborative practice are acknowledged as effective strategies to mitigate the global health workforce issue and to cultivate a health workforce that is more responsive to local health requirements while ensuring safe, comprehensive practice [28]. The World Dental Federation (FDI) advocates for interprofessional education and collaborative practice to enhance access to oral health services [29]. Engaging nurses, primary health care practitioners, and other allied health professionals in oral health care would enhance the national ability to serve vulnerable and disadvantaged populations, especially the elderly [6]. Nurses constitute a significant segment of the healthcare workforce and often oversee direct caregivers or are present at the point of treatment [30, 31]. Consequently, education and training in oral health care are vital for graduate nurses to enhance the oral and systemic health of the elderly population [32-36]. This education and practice, facilitated by an interprofessional approach, enables nursing students to collaborate, acquire knowledge, and function efficiently with other professionals engaged in oral health [29].

Nurses provide care to elderly individuals in several environments, including hospitals, residential aged-care facilities, rehabilitation units, and community settings. Community nurses may instruct and encourage elderly individuals to engage actively in their oral hygiene to avert dental issues [37]. Nurses in residential communities might assume a leadership position in integrating oral health care into standard nursing practices [38]. Nurses may evaluate each resident's oral health at admission, determine the need for a dental professional's examination, and develop and oversee an oral health care plan [25, 39, 40]. Registered

nurses are capable of training and supervising personal care aides in assisting residents with oral hygiene maintenance, ensuring proper diet, and recognizing symptoms of oral illnesses [33]. In hospitals, nurses may advocate for oral health, provide screenings for any concerning oral pathology, and facilitate necessary referrals [41]. With interprofessional cooperation, nurses can enhance and sustain the oral health of elderly individuals when rapid access to an oral health therapist is unavailable [42-48].

To synthesize the research about nursing students' attitudes and understanding of oral health care, with the aim of assessing the need to integrate oral health education into nursing curricula.

2. Accessible educational materials for nursing students to enhance oral health

Lewis et al. [49] assessed the significance of "Building Better Oral Health Communities" (BBOHC) materials for students pursuing a Bachelor of Nursing, Diploma of Nursing, or Certificate III in Aged Care. The BBOHC tools were created as part of a project financed by the Australian government to teach aged care workers about the oral health care of older individuals [13]. The BBOHC has five modules: 1) enhanced oral health care, 2) dementia and oral hygiene, 3) comprehension of oral anatomy, 4) maintenance of natural teeth, and 5) management of dentures. Students who participated expressed considerable satisfaction with the content of this resource [49]. Student learning outcomes demonstrated consistently favorable attitudes and significant improvements in oral health care knowledge and abilities. Educators deemed the BBOHC material significantly pertinent in enhancing a holistic approach to the oral health care of older adults, encompassing the understanding of the ramifications of inadequate health, xerostomia issues, oral health evaluation, oral health strategizing, and prompt referral. Educators found the materials beneficial for enhancing students' competencies in daily oral hygiene practices by raising information on oral hygiene items, teeth brushing methodologies, denture maintenance, and strategies to address care-resistant behaviors [49].

3. The significance of an interprofessional education paradigm

An interprofessional education (IPE) model, wherein nursing students collaborate with and acquire knowledge from dental and other allied health students, has proven effective in enhancing nursing students' comprehension of their role in oral health care [46-52]. All research on IPE was undertaken in the United States, except for the study by Grant et al. [46], which took place in Canada.

Nursing students showed notable improvement in oral health behavior, knowledge, and attitudes toward the significance of oral health care as a consequence of their interprofessional education experiences in lectures and simulation exercises [47, 52]. Interprofessional education and practice experiences enhanced nursing students' confidence in doing oral exams and delivering counseling. IPE facilitated a platform for students to investigate the relationships between oral and systemic diseases within a collaborative team environment [46, 48, 51]. IPE facilitated nursing students in mastering oral risk assessments, recognizing prevalent oral diseases, participating in oral hygiene practices, applying fluoride varnish, and collaborating with peers from other professions to enhance oral health. IPE clinical experiences emphasizing oral-systemic health were essential in refining collaborative professional abilities via practical care, promoting effective communication, and fostering teamwork to build a comprehensive care plan for holistic treatment [50, 51]. The experiences of nursing students in interprofessional clinical practice were crucial for comprehending how marginalized and rural people may gain by accessing many physicians simultaneously in one location.

4. Discussion

This study of 11 recognized research recorded insufficient oral health knowledge and diverse views (both positive and negative) of nursing students toward oral health care. The evaluation recognized existing learning materials and emphasized the significance of an interprofessional education and practice approach in enhancing oral health knowledge and attitudes among nursing students.

Increasing evidence of the correlation between inadequate dental health and overall systemic health needs immediate action. Incorporating oral health care education into the nursing curriculum, alongside an

interprofessional approach, will enhance the competence and engagement of future nurse practitioners in integrating evidence-based oral health care into standard nursing practice. It is essential to recognize that "oral health care" may be construed variably by various health providers [53-56]. In nursing practice, oral health care entails teamwork with dental, medical, and allied health specialists. Nursing students must comprehend the determinants influencing individuals' oral health and oral health-related quality of life, maintain daily oral care practices, and proficiently conduct oral health screenings. This screening includes the evaluation of oral structures and dentures, assessment of swallowing capability, and nutritional status, soliciting individual perspectives on oral and overall health, addressing any problems, and facilitating suitable referrals. Daily dental care for elderly individuals in residential facilities includes support with evidence-based oral hygiene practices, use of saliva substitutes, when necessary, hydration with water, use of desensitizing agents, lip balms, denture cleaning tablets, pastes, and adhesives, as well as fluoride varnishes.

Senior individuals are more vulnerable to inadequate oral health. This research revealed a substantial deficiency in the existing literature about nursing students' understanding of oral health care for the elderly and the optimal methods for addressing this deficiency via interprofessional education and practice. Interprofessional education and practice is an effective method to enhance nursing students' understanding of the significance of oral health and their responsibilities in facilitating access to and delivering oral health services [48, 57]. IPE promotes collaborative efforts across diverse healthcare environments, including educational institutions [52], dentistry clinics [47], mobile clinics in underprivileged regions [48], and hospitals [47, 48, 51, 52]. Despite ongoing challenges in aligning curricula across disciplines to enhance student participation in interprofessional education (IPE) initiatives, offering nursing students the opportunity to incorporate oral health assessments into their evaluations of overall bodily function would markedly enhance health outcomes for the elderly [32, 58]. IPE models have been effectively applied in several graduate nursing schools, as well as in undergraduate nursing programs [46, 59, 60]. The "Smile for Life-National Oral Health Curriculum" has garnered popularity among graduate nursing students [17, 59]. This extensive oral health curriculum was first created in 2005 for primary healthcare professionals. It is accessible online and may be easily included in interprofessional education activities within nursing courses (www.smilesforlifeoralhealth.com) [61].

Integrating Interprofessional Education (IPE) into the nursing curriculum requires consideration, time, and meticulous preparation to facilitate the participation of students from other health-related disciplines [46, 62]. Coordinating Interprofessional Education (IPE) involving students and instructors from diverse health programs with varying levels of health expertise presents significant challenges. Effective collaborative and interprofessional learning requires flexibility, willingness, and collaboration among all experts [46]. Granting academic credit to students engaged in Interprofessional Education (IPE) is an efficacious method to include and motivate students in collaborative learning on oral health [46].

Effective oral health education should include clinical practice, preferably via interprofessional collaboration. The optimal method for translating oral health education into practice involves transitioning from the conventional physical assessment framework of Head, Eyes, Ears, Nose, Throat (HEENT) to the Head, Eyes, Ears, Nose, Oral Cavity, and Throat (HEENOT) model for the assessment, diagnosis, and treatment of oral-systemic health [17]. The HEENOT strategy guarantees the inclusion of oral health evaluation in every medical history and physical examination. The efficacy of the HEENOT strategy was shown by over 1000 referrals to the Nursing Faculty Practice (NFP) from New York University (NYU) dentistry clinics from 2008 to 2014. The HEENOT methodology led to a rise in care appointments and over 500 referrals to NYU dental clinics from the NFP [17]. A collaborative approach offered students in nursing, dental hygiene, and health services administration community-based experience in delivering inexpensive oral health care and education. The participation of nursing students in the early identification of oral health problems and the prompt referral to a dentist may facilitate cost-effective treatment and enhance patient-centered care [31].

This systematic study serves as a crucial preliminary measure in ascertaining nursing students' existing knowledge and attitudes toward oral health care, while also identifying characteristics that may enhance

their motivation in delivering such care, especially for the elderly [45]. The results have significant significance for nursing students, nursing educators, nursing education certification bodies, and researchers. Nursing students must comprehend the significance of oral health, the correlation between inadequate oral health and systemic diseases, the need for their proficiency in oral health practices, and their crucial role in preserving the health of the elderly. Oral health education and practical experience are most effective in an interprofessional context to enhance confidence, motivation, knowledge, and skills. Nursing educators must comprehend and use an interprofessional methodology for oral health teaching and practice within the nursing curriculum. Nursing education accreditation bodies must focus on establishing criteria to enhance oral health care instruction and practice among nursing students, who will become future health professionals. Interprofessional education enhances workplace practices and productivity, patient health outcomes, staff morale, and patient safety, and facilitates improved access to healthcare [28]. A continued comprehensive study is necessary to ascertain the degree to which oral health is included in the nursing curriculum in Australia and to assess the inclusion and influence of oral health material, provided via interprofessional education and clinical practice, in undergraduate nursing programs.

5. Constraints

Certain intervention studies used quasi-experimental methods and lacked blinding of the intervention, raising concerns over the reliability of the research outcomes. The listed studies used self-report questionnaires, which may be influenced by the beliefs of the respondents. The long-term assessment findings of an integrated oral health learning model are not yet available to assess the efficacy of interprofessional education in enhancing nursing students' competencies in oral healthcare delivery.

6. Summary

This review advocates for the incorporation of oral health education into nursing curricula, preferably via an interprofessional education (IPE) approach, to enhance nursing students' knowledge and competency in delivering oral care, especially for the elderly, and to engage students in the provision of effective oral care. There is a need to do comprehensive and methodologically sound investigations to determine the most effective means of achieving this and evaluating its performance. An adept nursing staff in oral health care will enhance the oral health and quality of life for all individuals, particularly the elderly and those reliant on caregivers.

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تحسين رضا المرضى في عيادات طب الأسنان من خلال التعاون بين فرق التمريض والإدارة

الملخص

الخلفية: يؤثر تقديم رعاية أسنان عالية الجودة بشكل كبير على رضا المرضى، لا سيما بين كبار السن الذين غالبًا ما يواجهون تحديات معقدة في صحة الفم. تستكشف هذه الدراسة دور التعاون بين فرق التمريض والإدارة في عيادات طب الأسنان كوسيلة لتحسين رضا المرضى.

المنهجية: تم اتباع نهج منهجي لتقييم مستويات رضا المرضى فيما يتعلق بأداء فرق التمريض والإدارة. كشفت النتائج عن ارتباط إيجابي بين التعاون الفعال وزيادة رضا المرضى، مما يبرز أن التواصل السلس والرعاية المنسقة يحسنان بشكل كبير من تجربة المرضى. بالإضافة إلى ذلك، أفاد الموظفون بأن العمل التعاوني عزز من ثقتهم وكفاءتهم في تلبية احتياجات المرضى.

النتائج: تشير النتائج إلى أن تعزيز بيئة العمل التعاونية لا يحسن فقط نتائج المرضى ولكنه يعزز أيضًا رضا الموظفين عن وظائفهم.

الخلاصة: في الختام، يعد دمج ممارسات تعاونية في بيئات رعاية الأسنان أمرًا ضروريًا لتحسين رضا المرضى وجودة الرعاية بشكل عام. ينبغي أن تركز الجهود المستقبلية على تطوير برامج تعليمية بين المهن وأطر تعاونية تعزز العمل الجماعي بين فرق التمريض والإدارة داخل عيادات طب الأسنان.

الكلمات المفتاحية: رضا المرضى، التعاون بين التخصصات، عيادات طب الأسنان، فرق التمريض، الفرق الإدارية.