Dental Care in Yerevan, Armenia: Assessing Quality and Patient Experience

Master of Public Health Integrating Experience Project

Utilizing Professional Publication Framework

by

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2019

Acknowledgments

Table of Contents

List of abbreviations

WHO	World Health Organization
WB	World Bank
OECD	Organization for Economic Cooperation and Development
PCC	Patient-centered care (people-centered care)
MOH	Ministry of Health
PES	Patient Experience Score
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems
DSQ	Dental Satisfaction Questionnaire
FPS	Flemish Patient Survey
DSQ	Dental Satisfaction Questionnaire
KUS	Kuwait University Study
PPDHS	Prince Philip Dental Hospital's Study
EO	Experts' Opinion
CHSR	Center for Health Services, Research, and Development
OR	Odds ratio
N/A	Non-applicable

Abstract

Background: Patient Experience (PE) is an important component of healthcare quality and Patient-Centered Care. Dental PE depends on a range of interactions between patients and health care systems, such as accessibility of facilities, patient-dentist relationship, waiting time, information provided by the dentist and other factors such as patient safety, privacy, participation in decision-making, etc. Little is known about PE of dental care in Yerevan, Armenia.

Objective: This study assessed the PE of dental care in Yerevan's dental clinics. Secondary objectives were focused on the identification of factors associated with PE, gaps between dental patients' expectations and provided dental care, making recommendations to improve the quality and utilization of dental services.

Methods: I implemented a cross-sectional survey of 164 dental patients of 7 randomly selected dental clinics of Yerevan's seven largest districts using a self- administered questionnaire to assess their experience in dental services via a Patient Experience Score (PES). To identify factors associated with PES, I conducted multivariable logistic regression analyses.

Results: The majority of participants were female 98 (59.8%); the mean age was 42.85, ranging from 18 to 84. The mean PES score was 3.92 (3.00 to 5.00, SD 0.39). The highest results were received for Respect (mean 4.40), Pain management (mean 4.18), Safety (mean 4.17). Among the lowest results were General satisfaction (mean 2.94), Privacy (mean 3.74), and Quality of care (mean 3.86). Those patients who reported their standard of living as "above average" had 5.64 times higher odds of having a higher PES (OR=5.64, 95% CI: 1.02 – 31.13, p=0.047) when adjusted for age.

Conclusion: This first study of dental PE in Armenia establishes an important baseline for dentists and policy-makers, providing insights for improving oral health outcomes. This study provides a foundation for further research and exploration of PES among dental patients across the country.

1. Introduction

1.1 Background

The World Health Organization (WHO) asserts: "In every country, there is an opportunity to improve the quality and performance of the health-care system, as well as growing awareness and public pressure to do so."[1] Interest in improving the quality of healthcare has increased globally over the last decade.[1] With a wealth of accumulated knowledge and experience to draw from, stakeholders and policy-makers in low-, middle- and high-income countries alike still face problems when choosing a strategy to advance quality improvement. One of the main reasons for that is that there are multiple definitions of healthcare quality found in the global literature as well as the fact that quality of care is a multi-dimensional concept. However, there is a growing acknowledgment that there are seven critical elements of quality health services: effectiveness, safety, people-centeredness as well as efficiency, integration, equity and timeliness.[2] In addition to that, the global literature tends to focus on the importance of two components of quality of care. The first component is the high technical quality of provided services that to some extent encompasses the concepts of effectiveness, safety, and integration. Desired health outcomes for procedures should exceed the potential health risk to patients by a sufficiently wide margin. Another important component of quality is related to people-centeredness that can be measured through the lens of the patient experience. Patients should be treated in a human and culturally appropriate manner and, to the extent possible, participate in the decision-making process determining their treatment plan.[3] For this paper, I utilized the definition of quality adopted by the WHO, OECD, and WB in 2018, as it encompasses all critical components into one coherent statement: "the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health services must be effective, safe, and people-centered.

In addition, in order to realize the benefits of quality health care, health services should be timely, equitable, integrated and efficient."[2]

Much of the difficulty that exists in determining approaches to the quality improvement process stems from the multi-dimensional nature of quality. Quality improvement first requires assessment of quality, factors of which include adequate data provided by patients, accurate medical records and access to that information, and measurement based on standardized comprehensive and valid measures of quality of healthcare.[3] Ultimately, while quality improvement is difficult and even painful, nevertheless it should be a core component of any healthcare service.[3]

One of the best-known models for evaluating the quality of healthcare is Avedis Donabedian's triad of structure, process, and outcome.[4] Donabedian defined facilities, staffs' characteristics and administrative systems as a structure. Adequate equipment, as well as medical staff qualifications and administrative systems, can affect the quality of provided care. The process includes components of healthcare delivery such as completeness of medical records, proper conduct of physical examinations, diagnostic tests, and therapeutic procedures, and the establishment of a relationship between patients and health care providers. Outcomes such as recovery, restoration of function, and survival, also serve as outcome measures.[4] Donabedian considered outcomes to be the most precise measurement of quality in medical care; however, he emphasized the difficulties of measuring certain outcomes such as patients' attitudes and satisfaction because it is difficult to clearly define them across health care systems. Donabedian concluded that "Outcomes, by and large, remain the ultimate validators of the effectiveness and quality of medical care".[4]

Further, Donabedian defined "seven pillars" of quality: efficacy, effectiveness, efficiency, optimality, acceptability, legitimacy and equity[5].   Within the framework of this paper I focused on acceptability, which is based on the wishes and desires of patients and consists of several components:

- access to care (location, distance, transportation)

- patient-practitioner relationship

- amenities of care (convenience, comfort, privacy)

- patients' preferences regarding the effects, risks, the cost of treatment

- what a patient considered to be fair [5]

Donabedian defined acceptability as "conformity to the wishes, desires, and expectations of patients and responsible members of their families", highlighting the importance of patient-centeredness in health care[6]. In 2010 the Care Quality Commission of England utilized a similar approach, emphasizing the increasing role of patient-centered care (PCC) while developing the essential standards for assessing the quality of healthcare.[6] Several other institutions worldwide have also recognized the importance of PCC during the last decades, among them the Australian Commission on Safety and Quality in Healthcare[7], the Kings Fund Hospitals in England[8], and the US Agency for Healthcare Research and Quality.[9] Further, PCC is relevant regardless of cultural norms and is appropriate for all healthcare disciplines.[10] This concept also aligns with the concept of people-centeredness from WHO, OECD, and WB that refers to that as "the degree to which the needs and preferences of service users are systematically incorporated into health services".[2] The transition from the concept of "patient-centered care" to "people-centered care" throughout the years highlights the importance of population-based services and prevention and promotion concepts within the overall health system strengthening agenda. PCC is now well established in many different countries and has demonstrated a positive impact on clinical outcomes.[11-12]

As an important component of healthcare quality and PCC, patient satisfaction should be a subject of interest for all healthcare providers.[13] The importance of patient satisfaction has been reported in the literature since the 1970s; often asserting that patients are the most important figures in healthcare and suggested considering their point of view when organizing and providing services.[14-15]

Patient satisfaction surveys are regularly conducted in many countries, while slightly different dimensions do exist for care, such as convenience of care, the appearance of facilities and equipment, caring and empathetic attitude of healthcare providers, ability to inspire trust and confidence, etc. Overall, patient satisfaction is a multidimensional concept which is oriented on the fulfillment of patients' expectations.[16]

The WHO is urging an integrated people-centered health care approach organized around the health needs of people and communities, considering people as the center of the health system rather than patients or diseases.[17] By integrating health services, the focus moves to health promotion and disease prevention. This approach requires people to be educated about their own health conditions and to participate in the decision-making process regarding their treatment and care. People-centered care is an effective way to empower patients and overcome health system fragmentation.[17]

Increasing the importance of people-centeredness has recast patient satisfaction concept towards the broader concept of patient experience that includes a range of interactions between patients and health care systems.[18] Measuring patient experience has gained more attention during the last decade[19] because understanding patients perspectives is integral to provision of quality healthcare.[19] Patient experience reflects several components highly valued by patients when seeking and receiving healthcare: easy access, timely appointments, good communication with care providers, and taking into account patients' preferences .[19] While many definitions of patient experience exist, this research adopted the definition

utilized by the global community in improving patient experience - The Beryl Institute, that defines the patient experience as "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care." [20]

Measuring patient experience is challenging because of the complexity and ambiguity of the concept, lack of a common definition, differences across healthcare systems as well as their designs and priorities. For instance, it is unclear whether to concentrate on the quality of care, patient satisfaction, patient-centeredness and engagement in the treatment process, their perceptions, and preferences, etc. Nevertheless, all these concepts have one common goal: to improve overall healthcare delivery from the patients' perspective.[19]

Accurately measuring patient experience is the first step in meeting patients' expectations, strengthen strategic decision-making, monitoring healthcare performance and improving the overall quality of care. To do this, it is necessary to focus on the aspects of care which patients consider as the most important.[19]

While the concepts Patient satisfaction and Patient experience are frequently used interchangeably, differences between them are crucial and important to consider. The term satisfaction conveys whether the expectations of the patient were met, while the patient experience refers to all interactions with the healthcare system (for example post-treatment follow up).[18]

To evaluate the patient experience in the field of dentistry in Armenia, we need to consider the specific factors that make this field different from other outpatient healthcare services. Unlike clinical services, the majority of dental services are provided by the private sector. Additionally, the services are mainly focused toward providing tangible treatments such that patients leave fully aware of the procedures and treatments they received, and typically with scheduled follow-up appointments.[21] In contrast, in Armenia, it is not uncommon for patients to leave a physician's office with health advice or

prescriptions but without a good understanding of their condition. Literature suggests that patients' expectations and perceptions are connected more with the caring attitude of dentists than with their technical competence. In other words, patients value dentists who respect them, provide explanations about possible treatment choices and inspire' confidence.[21]

Quality of dental care also depends on such variables as accessibility of facilities, patient-dentist relationship, waiting time, information provided by the dentist and other factors such as patient safety, privacy, participation in decision-making, etc. Ultimately, concerns are frequently derived from the discrepancy between patients' expectations and perceptions.[22] Particularly in dental care, understanding the weaknesses and opportunities of provided services, and analyzing the factors affecting patient satisfaction, can lead to making dental services more attractive to patients. Therefore, continuous monitoring of patients' points of view and sharing obtained information with health providers and policy-makers to ensure both are aware can help improve the quality of dental care.[22]

1.2 Organization of dental services in Armenia

According to the latest data, the population of Armenia is approximately three million, with about one million of the total population living in the capital city of Yerevan[23]. According to the Armenian Ministry of Health (MOH), there are 363 dental clinics in the country to serve its population.[24]

Since 1991, when the Soviet Union collapsed and Armenia gained its independence, the majority of dental clinics have been privatized, along with the majority of hospitals in Yerevan.[25] Accordingly, these privatized dental clinics have financial and managerial autonomy. The MOH does not regulate the provision of private dental services or payment mechanisms; the only requirement is a license for operation issued by the MOH.[25] The Majority of dentists in Armenia are self-employed and lead their own practices and dental teams. The most common payment mechanism for dental services is direct

payments.[25] However, even for publicly funded services, as mandated by the Health Care Law of 1996, patients still have the right to choose their health care providers, including dentists.[25] Accordingly, dentists have to be wary that any patient can choose to which dental providers at any time, taking that revenue source with them.

Although private health insurance coverage rates have increased in Armenia in recent years, it did not have an important role at the time of publishing of Armenia Health Systems Review of 2013. Nevertheless, since January of 2012, the Social Package was introduced for civil servants, government and some other employees, which provides a medical voucher of US$334. Part of this voucher (US$ 131) must be spent on purchasing a private health insurance package, which can cover dental services as well.[25] While dental insurance is certainly good news for Armenian dentists, during the last two decades, the number of dentists has increased from 23 per 100,000 population in 2000, to 41.9 in 2011[25], to a total of 1670 in 2016, among them 113 pediatric dentists.[26] Further exacerbating the competition among dentists, the geographical distribution of dentists is unequal, with the overwhelming majority working in Yerevan and a complete lack of dentists in several rural areas.[25]

Although information about the oral health status of the Armenian population is limited, dental caries and periodontitis appears to be widespread in Armenia, especially in rural areas, where between 86 and 100% of the general population have dental caries[25] with rural areas having an 86% prevalence of dental caries among schoolchildren aged 12.[27] These findings are comparable with other lower-middle income countries (66.6-100%) and worse than typical upper-middle (36.4-94.1%), and high income countries (0-92.9%).[28]

Although several studies have examined patients' reported quality of dental care, many questions related to patients' service-quality perceptions remain unanswered.[22] For example, Rocha, in 2017 reported

about the existing gap in the oral health literature with regard to the patients' perception and expectations on dental care.[22] Other authors have found that while previous publications have examined general healthcare quality rather than quality or satisfaction with dental care. [22,29] At present, no literature exists about the situation in Armenia.

Assessing the quality of dental services and patients' experience of dental care provided in Yerevan, and identifying the factors, which can affect the patient experience and consequently influence the utilization of dental services, is a critical need. There is hope that through identifying gaps in the quality of dental care in Armenia and sharing those results with other dental health providers and policy-makers, we can have a positive impact on clinical outcomes and support improvement of quality of dental care in Armenia.

1.3 Study aims and conceptual framework

This study:

- Assessed patient experience of dental care in Yerevan's dental clinics;
- Identified factors associated with patients' experience
- Identified gaps between dental patients' expectations and provided dental care
- Makes recommendations to improve the quality of dental care and utilization of dental services.

The main measurable outcome of the study was Patient Experience Score (PES) with dental care in dental clinics of Yerevan.

Several models and frameworks for evaluating the quality of health services are based on the well-known SERVQUAL model which was widely used for assessing service quality for general businesses. However, according to Donabedian, evaluating healthcare services is more complex than other services.

He suggested a systematic framework to evaluate the quality of healthcare which has become the well-known structure-process-outcome model (Figure 1).[4] According to Chang and Chang, Donabedian's structure, process, and outcomes components can all affect patients' experience differently, and their specificities should be taken into account and analyzed separately.[13] According to Donabedian, in order to assess the structure of the care, we should take into account facility and staff characteristics as well as the availability of provided services. To evaluate the factors responsible for the process of care, we should assess access to care, quality of care, infection control, staff attitudes, appropriate education of patients after their treatment, etc. Outcomes such as pain management, cost, and general satisfaction served as outcome measures of this model.[13]

2. Methodology

2.1 Study design

I implemented a cross-sectional study design by surveying dental patients of dental clinics of Yerevan using self- administered questionnaire to assess their experience in dental services. I selected this study design due to an absence of existing data and the necessity to conduct a baseline estimation of the current situation in Armenia.

2.2 Target population

The target population consisted of all the patients of Yerevan's dental clinics aged 18 and above. The study included only those who visited a dentist and were treated at least once during the past year and who were proficient in Armenian, Russian or English and willing to participate. I excluded patients who were only consulted and had not been treated. All the patients from the selected clinics who met the eligibility criteria formed the study population.

2.3 Study variables

The dependent variable is PES from recent dental services. I assessed PES according to the following categories: access, availability, respect, quality of care, participation, clinical dental settings, cost, pain, safety, privacy, and general satisfaction.

Independent variables are age, gender, standard of living, marital status, educational status, employment and place of residence.

Detailed information about variables, their types and measures are presented in Table 1.

2.4 Study Instrument

Worldwide, a number of instruments exist for measuring patient experience in different services;[30-31] however, after an extensive literature review, an appropriate instrument developed for measuring patient experience in the field of dental care could not be found. Consequently, we developed an instrument for this study by modifying one developed for the Flemish Patient Survey in 2015 (Appendix 1).[30] While developing the instrument, we used Donabedian's triad of structure, process, and outcome as a conceptual framework. While mentioning the advantages and disadvantages to measuring the three components of quality separately, Donabedian has emphasized that assessment of their combination will allow the capture of more complete information about the quality of healthcare and will help to explore more fully different aspects of quality.[32] This strategy helps in evaluating the causes of failure in quality, attributing them to a specific domain and provide a suggestion for possible solutions.[32] The Flemish instrument contains all dimensions recommended by US Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), which include: "communication with nurses", "communication with doctors", "staff responsiveness", "pain management", "communication about medicines", "discharge information", "cleanliness and quietness", [33]and "global rating".[34] Later several domains such as

"information and communication", "coordination", "respect", "privacy", "safe care", "pain management", and "participation" were added by the authors from the other unpublished questionnaires.[30] Although the Flemish Patient Survey was conducted to assess the patient experience for general hospital care, we considered several questions appropriate to use for evaluating the patient experience in dental care (Q. 11 – 24, except 8, 21, 22) (Appendix 1). The criterion validity of the original instrument was checked with HCAHPS.[30]

I included several additional questions from the Dental Satisfaction Questionnaire (DSQ), a 19-item instrument designed for a self-administered interview (Appendix 2).[35] I also included questions related to access, availability and convenience, cost, pain, quality of care, continuity and general satisfaction from the DSQ, questions related to access, availability, cost, quality of care and general satisfaction,[36] and two questions related to dental facilities and attitude of the dentists from a questionnaire used in a study on patients' satisfaction carried out at Kuwait University (Appendix 3).[14] Taking into consideration that DSQ was developed in the 1980s, and since that time a lot has changed in the field of dentistry, we added several items from an instrument developed from a qualitative study conducted and published in 2018. That study explored satisfaction from the patient perspective and improve an existing questionnaire.[37] I added eight of its items on access (2 questions), availability (1 question), quality of care (4 questions), facility (1question) (Appendix 4). Five-point Likert scales ranging from strongly disagree (score=5) to strongly agree (score=l) were used, similarly to the original instrument. Several items have their scoring reversed. Also, I added 3 multiple choice questions and one open-ended questions and added based on experts' opinion. The demographic section consists of following:1 question related to age, gender (2 categories), standard of living (5 categories), marital status (4 categories), educational status (5 categories), employment (5 categories), place of residence (2 categories). Overall, the instrument included 11 domains and consists of 50 items, including 7

demographic questions (Table 2).

The resulting Questionnaire on Patient Experience in Dental Care, Armenian, Russian, and English versions, is presented in Appendices 5-7. The instrument was pre-tested on a sample of 8 participants.

2.5 Sample size calculation

I calculated the sample size using the formula for estimating the mean for continuous outcome variable in a single group, were Z =1.96 for confidence interval of 95%, σ is the standard deviation of the outcome variable, which is considered 0.62 based on the results from a similar study conducted in Australia,[11] E is the desired margin of error.

$$n= (z\alpha * \sigma/E)^2= (1.96*0{,}62/0{,}1)^2=147$$

I considered a 95% confidence interval, power of 80 %, significance level of 5%, and 90% response rate, which is also consistent with similar studies.[14] Taking into consideration the response rate the sample size was:

$$147 *100/90 =164$$

2.6 Sampling method

Yerevan has 12 districts, however 81.9% of population of Yerevan are concentrated in the seven largest districts, which are Ajapnyak (10.3%), Arabkir (11.2%), Erebouni (11.7%), Kentron (12%), Malatia-Sebastia (12.3%), Nor Norq (11.4%), Shengavit (13%) respectively.[38] From each district, we have chosen one clinic by simple random sampling from the list of clinics of each mentioned district. Each dental clinic had a state license for providing dental services and at least three dental units. I calculated the number of participants proportionately to size: 20 participants we recruited from Ajapnyak, 22 from Arabkir, 24 from Erebouni, 25 from Kentron, 25 from Malatia-Sebastia, 22 from Nor Norq and 26 from

Shengavit. We organized the process of recruitment among all the patients, visiting the particular dental clinic at the time of data collection without specifying the dentists.

2.7 Dental clinics' recruitment

From each district, I chose one clinic by simple random sampling from the list of clinics of each mentioned district. For this purpose, I used Random Org. software. After selecting the dental clinic, I recruited dental clinics approaching their managers/directors/owners and asking screening questions to see if the dental clinic was the type of clinic we were interested in including in the study. All the instructions are presented in the "Manual for dental clinics' recruitment" (Appendices 8, 9). Each dental clinic had a state license for providing dental services and at least three dental units. I presented the information about the aim of the study, about the volunteer-based participation, confidentiality, and anonymity of the information provided by patients, about the mode of the interview and the duration. When the manager/director/owner of the dental clinic agreed to participate, we (student-investigator or other data collectors) started the patients' recruitment immediately after their permission. The next visit to the same clinic was organized several days later without mentioning the exact date. In case of their refusal or non-compliance with our requirements, we recruited the next clinic from the list of dental clinics of this district.

We approached the owners and managers of 24 randomly selected dental clinics in Yerevan's seven largest districts. Ten clinics did not meet the eligibility criteria and seven clinics' owners declined to participate. Seven clinic owners agreed to participate. At these clinics, we approached 229 patients: 32 were ineligible, 33 refused to participate, and 164 patients were interviewed, yielding an 83.2% response rate.

2.8 Data collection

In order to manage time effectively, I organized data collection with the help of 3 data collectors. Prior to data collection, they underwent training and were taught how to recruit participants in order to check their eligibility and how to obtain oral consent from each participant. For this purpose, I distributed the "Manual for patients' recruitment" (Appendices 10-12) among all data collectors, where the screening questions were mentioned checking the eligibility of the participants. Each data collector asked these questions to the patients. Oral consent (Appendices 15-17) was obtained only from those patients who met the inclusion criteria. Those patients who agreed to participate completed the self-administered questionnaires. Data collectors mentioned the results of patients' recruitment in the journal form (Appendices 13,14).

I checked the quality of work of data-collectors and following to all the steps of study protocol through frequent spot-checks randomly visiting different dental clinics.

2.9 Ethical considerations

The study protocol was approved by the Institutional Review Board of the American University of Armenia before starting the fieldwork. We informed all the participants about the purpose of the study, duration, anonymity, and confidentiality of questionnaire, also about volunteer-based participation and the possibility of withdrawal from the research without having an impact on treatment in anyway[39]. All the participants were informed that the information they provide did not contain identifiable data and all the records will be available to the research team only.

2.10 Study analyses

I analyzed the study data using SPSS 22 and STATA 13 software. Data were single entered, with a10%

crosschecking. To check for missing values and outliers, I conducted exploratory analysis. As a descriptive analysis, we provided sociodemographic characteristics of the study population, indicating the distribution of variables. I present means and standard deviations for continuous variables and frequencies and percentages for categorical variables. Independent group t-test was used for continuous variables, Chi-square test for categorical variables, and Fisher's exact test for the variables with small frequencies. P-value of less than 0.05 we considered statistically significant.

PES was calculated based on the results of questions 1 through 33 of Section B. All questions were scored from 1 (strongly disagree) to 5 (strongly agree) unless reverse scoring was indicated for scaling.

Taking into consideration that the main measurable outcome, PES, a continuous variable, I set a cut off level of the mean for dichotomizing to low (≤ 3.91) versus high. I chose this method as the literature did not suggest once and our exploration of the data did not reveal a natural cut point, because the data were normally distributed.

I used multiple logistic regression analysis to understand the factors associated with patients' experience score.

I treated Questions 1, 2, 3 and 5 of Section C as categorical and analyzed separately conducting Chi-square test. I categorized the response options for question 4 of the same section, as it is open-ended and treated it as categorical performing Chi-square test.

3. Results

3.1 Socio-demographic characteristics

Socio-demographic characteristics of the participants are presented in Table 3. The majority of participants were female 98 (59.8%); the mean age was 42.85, ranging from 18 to 84. More than half of

the patients hold a University degree 86 (52.4%), among them 10 (6.1%) were postgraduates. The

majority of patients 93(56.7%) were employed, married 108(65.9%), and had an average standard of

living 99 (60.4%). Virtually all the patients 155 (94.5%) mentioned Armenia as a place of residence.

3.2 Patient Experience Score (PES)

The information about PES and domains is presented in Table 4 and Figure 2. The mean PES score was

3.92 (3.00 to 5.00, SD 0.39). Among all the domains the highest results were received for Respect

(mean 4.40, SD 0.62), Pain management (mean 4.18, SD 0.57), Safety (mean 4.17, SD 0.69). Among

the lowest results were General satisfaction (mean 2.94, SD 1.13), Privacy (mean 3.74, SD 0.89), and

Quality of care (mean 3.86, SD 0.44).   If arranging the domains by the structure, process, and outcome,

Structure mean scores would equal 4.02(SD 0.52), Process mean scores would equal 4.02 (SD 0.41), and

Outcome mean score would equal 3.68 (SD 0.56) (Figure 3).

3.3 General information about the last dental visit

All the information about the general questions related to the last dental visits is presented in Table 5.

The majority of participants mentioned that their last dental visit was during the last month (56.7%),

23.8% visited their dentist 1-6 months ago, 19.5% within the last 6-12 months. The difference between

their PES mean scores is not statistically significant (p-value 0.775). Approximately half of the patients

79 (48.2%) received therapeutic, a quarter of patients 39 (23.8%) prosthetic, and 32 patients (19.5 %)

surgical treatments during their last visits. Only 6 patients (3.7%) visited the dentist for orthodontic

treatment and 8 patients (4.9%) for aesthetic dentistry. Most (86 patients, 52.4%) consider their overall

satisfaction at last visit as excellent, 56 patients (34.1%) considered it good, 13 patients (7.9%) thought

it was fair, and 9 patients (5.5%) consider it poor. Only 17(10.4%) were visiting a new dentist at the

time of the interview: 5 (29.4 %) of them because of dissatisfaction, the others because of a treatment plan or changing their place of residence.

3.4 Patient perception

Information about patients' perception is presented in Table 6. Forty patients (24.4%) suggested to improve dental services by having more personnel, 32 (19.5%) of them by improving sanitary control, 36 patients (21.9%) were satisfied with dental services. When choosing the dental clinic as the most important criteria,113 patients (68.9%) mentioned dentists' qualification, dentists' attitude (57.9%), sanitary control (56.7%) and modern equipment (48.2%). The majority of participants 119 (72.6%) answered "Nothing" to the open-ended question:" Which additional services you would like dentists to provide?" Among others the most often repeated answers were "Narrow specialization of dentists" (4.9%), and "Modernization of clinic" (3.7%). Majority of patients (150 (91.5%) mentioned that will recommend the clinic to their friends and relatives. More than half of participants (n=102,62.2%) thought that fees for patients from other countries should be the same or higher by 10% (18 patients (11%).

3.5 Simple logistic regression

I ran simple logistic regression with all independent variables, which are age, gender, educational status, marital status, employment, the standard of living and place of residence. I also tested for an association between PES and overall satisfaction, the date of the last visit and the type of services received. The results of simple logistic regression are presented in Table 8.

A one-year increase in age was associated with 0.97 times reduced odds of reporting higher PES (OR=0.97, 95% CI: 0.95-0.99, p=0.01).

Those with a higher standard of living had 8.4 increased odds of reporting higher PES (OR=8.43, 95% CI: 1.64 – 43.46, p=0.011).

Patients who reported their overall satisfaction with their last visit as "excellent" had 37 times higher odds of higher PES at current visit compared with those patients who were less satisfied (OR= 37.33, 95% CI: (4.64 - 300.01), p=0.001).

The following variables show no significant association in the unadjusted analysis: gender (OR=1.20, 95% CI: 0.60 – 2.42, p=0.594), patients' educational level (OR= 1.33, 95% CI: 0.67 – 2.64, p=0.413), employment status (OR=0.69, 95% CI: 0.35 – 1.39, p=0.301), marital status (OR= 1.19, 95% CI: 0.58 – 2.45, p=0.622), place of residence (OR= 0.79, 95% CI: 0.17 – 3.71, p=0.775), the day of the last dental visit, the type of dental services received.

3.6 Multiple logistic regression

To investigate the association between the PES and the independent variables I run multiple logistic regression analysis. I ran 2 different models. In the first predictive model, we included all independent variables regardless of their association with the PES. The results showed that after adjusting for gender, age, educational and marital status, employment and place of residence only standard of living sustained a statistically significantly association with PES. The odds of having higher PES were 5.94 times higher (95% CI: 1.03 – 34.00, p=0.046) among those who reported an "above average" standard of living (Table 9). In the second reduced model, I included only those independent variables which were statistically significantly associated with PES according to the results of the unadjusted analysis: age and standard of living. According to the analyses, standard of living remained significantly associated with the PES. Those patients who reported their standard of living as "above average" had 5.64 times higher

odds of having a higher PES (OR=5.64, 95% CI: 1.02 – 31.13, p=0.047) when adjusted for age (Table 10).

4. Discussion

4.1 Patient Experience Score (PES)

This study explored PES among dental patients of Yerevan's dental clinics and identified key drivers of PES. The mean PES score is 3.92 (SD= 0.39) with a symmetric distribution of PES among patients. Presenting the results according to Donabedian's triad the scores for Structure and Process were relatively higher (4.02; SD= 0.52), compared with Outcome score (3.68; SD= 0.56). The importance of this finding is difficult to interpret because Donabedian considered the outcome as the ultimate validator of quality of healthcare.[4]

The majority of patients were satisfied with their last visit: most rated it as excellent (56.4%) or good (34.1%); 10% were seeing a new dentist, and only 3% because of dissatisfaction, which correlates with the overall high satisfaction levels reported in prior studies.[13,14,16] PES was not affected by the type of services received, similar to a Brazilian study. [40] The 3% changing dentists due to dissatisfaction is similar to a study conducted in Western Cape, where the overall number of dissatisfied patients was 3.5%,[16] but lower than the 10.8% reported in a study carried out in Montes Claros.[40]

Although the satisfaction was relatively high, I was interested in the association between a patient's overall satisfaction and PES. According to our study, the concepts of patient satisfaction and patient experience are significantly positively associated but not perfectly correlated. Moreover, approximately one-third of highly satisfied patients received a lower PES score (lower than 3.92). I assume this finding might be explained by the complexity of the concept of PE. Although the expectations of those patients were met, they did not experience several important procedures, for example, participation in decision-

making, post-treatment follow up or providing information about oral care. As a result, they reported a lower PES.

 The literature on PES among dental patients is scant, consequently, I will discuss similarities and differences with the results of Patient Satisfaction Surveys.

According to this study's findings, the highest scores were received for respect, pain management, and safety. Therefore, I can conclude that the majority of patients appreciate the patient-dentist relationship, also the respective attitude of dentists and nurses. Additionally, they consider their dentists as highly qualified specialists and felt safe in the hands of the dental clinics' staff. In this study, pain management scores were among the highest, whereas in 2007 A. Sowole reported that 55% of study participants were dissatisfied with the pain management aspect of care.[16] We assume that this fact might be attributable to the improvement of pain management during the last decades. The facilities' characteristics overall received high scores. This study's participants thought that Yerevan's clinics are well equipped, dentists use modern devices, and that infection control is satisfactory. These findings are similar to results reported by Dena A. Ali in 2016 about patients' satisfaction in 5 dental settings in Kuwait[14]and with a report by the University of Florida College of Dentistry .[41] All these factors explain the reasons of visiting the same dentists for approximately 90% of respondents.

Among the lowest scores were quality of care, privacy, and general satisfaction. Quality of care is one of the most important and most complex domains. It consists of several items, including enough time for consultation, thoroughness of dentists, their explanations, number of visits throughout the treatment, delivering the information about oral care, providing adequate post-treatment follow up, staffs' collaboration with each other. Overall, patients were satisfied with consultation, thoroughness of dentists and with their understandable explanations, clinical competence of the dentists, however, the

majority of patients considered that the number of visits throughout the whole treatment plan was too high. Moreover, they provided low scores for questions related to post-treatment follow-up and providing appropriate information about oral care. All those gaps led to an overall low score for quality of care. About 34 % of respondents agreed that things in the dental care they received could have been better, producing a low score for general satisfaction. However, we assume that even highly satisfied patients might think that room for improvement always exists. The privacy of treatment was considered as non-applicable by 15 patients (9.14%). Probably, they did not understand why they need privacy; moreover, several patients asked clarifying questions during the interviews. This misperception might be attributable to cultural norms and overall underestimating the importance of the concept of privacy of treatment from both dentists and patients. Majority of patients 103 (66%) were passive and neither agreed nor disagreed that they participated in their decision-making while developing the treatment plan, which contradicts the current people-centered approach suggested by WHO.[17] Access and availability of dental services received high scores; however, patients mentioned that getting an appointment right away was not easy, and the waiting time spent in the dental office was relatively long. These items received relatively low scores among all the items included in these domains. This fact might be explained by heavy schedules of the dentists and their business. Although the majority of patients agreed that dentists helped them to avoid unnecessary expenses and explained how much treatment will cost prior to starting the procedure, almost 14% of respondents considered the fees too high and 23 % neither agreed nor disagree shifting the cost's score on marginal position (3.91). Nevertheless, the majority of patients 101(63.9%) were satisfied with the cost of treatment. The results are similar to those reported in studies conducted in Taiwan and Western Cape,[13,16] reporting about 55% satisfied patients.

Several questions were non-applicable (N/A) for 31 participants (18.9%). All N/A questions were treated as missing values and excluded from the study in order, not to bias results. I assume that the reasons for considering questions as N/A were different: for example, Basic Benefit Package (BBP) recipients considered questions related to the cost of treatment as N/A because they did not pay for their treatment. At the same time, patients, who did not participate in the decision-making process or were not taught about appropriate oral care also considered these questions as N/A. Several other studies faced similar problems with high numbers of missing values.[11,42]

4.2 Factors associated with PES

Exploring the associations between socio-demographic characteristics of the participants and their PES this study identified that older patient received lower PES, also participants with a higher standard of living were more likely to receive higher PES. No associations were found with the gender, education, marital status, employment, and place of residence. I assume that patients with a higher standard of living more likely attended modern and well-equipped clinics and received more qualified dental treatment and higher PES compared with those patients who had a lower standard of living and were seeking care in policlinics - outpatient clinics inherited from Soviet times.

The literature provides controversial information about these associations. Some studies showed significant association with age, gender and level of education presenting that less educated and younger patients were more satisfied,[14] females were more satisfied than males;[11,14] whereas other studies failed to find any valid associations between patients satisfaction level and their socio-demographic characteristics.[43,44]

4.3 Patient perception

According to the study findings, the overwhelming majority of patients considered dentists' qualification (68.9 %), dentists' attitude (57.9%) and infection control (56.7) as the most important factors when choosing dental clinics. Modern equipment was also mentioned among important factors for 48.2% of participants. These findings are consistent with the findings of the study conducted in Saudi Arabia in 2018.[45]

According to patients' opinion, dental services can be improved by improving sanitary control (19.5%), providing additional services (17.7%) and having more personnel in the dental clinics (24.4%). Others suggested to decrease prices (3%) and renovate equipment (4.3%). Increasing dentists' salaries and improving dentists' professionalism were suggested by 2.4 % of participants.

Answering to the open-ended question "which additional services you would like dentists to provide" the overwhelming majority of participants 119 (72.6%) mentioned "nothing". Among suggestions provided by patients were dentists' narrow specialization, modernization of dental clinics, providing psychological help to dental patients, pediatric dentistry, aesthetic dentistry, prevention, etc. Although each mentioned additional service or improvement was provided by less than 5 % of respondents, they emphasize the existing gap between patients' perception and provided dental services. Majority of patients 102 (62.2%) thought that the fees for patients from other countries should be the same as for Armenians, whereas other response options (higher by 10%, by 20%, by 50% and other) received by approximatelly10 % of responses respectively. Overall, 91.5 % of patients mentioned that will recommend a particular clinic to their friends and relatives. These results highly correlate with the results of the study conducted in India in 2014.[46]

4.4 Study strengths

This study possesses several strengths. First, this study is the first to explore PES among Yerevan dental patients. This information is important for oral healthcare professionals as well as for policy-makers and can influence the overall quality of provided services and improve oral health outcomes.

Second, the dental clinics were chosen by simple random sampling from the 7 largest Yerevan's districts, which represents 80 % of Yerevan's population. We can assume that the study population is quite representative of Yerevan's population. The gender distribution, employment status, marital status are close to the Yerevan population's characteristics. [47,48]

Another study strength is the comprehensive PES questionnaire developed. The instrument includes all the domains of validated Patients Experience Questionnaires, developed for other disciplines and adapted for dental care.

Finally, we interviewed patients before their appointments outside of the dental clinics, which gave them the opportunity to express their satisfaction or dissatisfaction with their last visit, minimizing the potential bias. Moreover, the interviews were self-administered, which reduced social desirability bias.

4.5 Study limitations

The study findings generalizability is limited only to Yerevan, not to Armenia. The situation in marzes might significantly differ. Generalizability to other large metropolitan areas in the region is similarly limited.

The validity and reliability of the PES questionnaire were not tested. I also consider as a limitation the high number of missing values for several questions which can be a source of potential bias.

4.6 Recommendations

In order to achieve tangible quality improvement in dental care in Yerevan, Armenia I will recommend to utilize an integrated approach and involve health care providers, researchers, and policy-makers to support this goal.

Health care providers should:

- educate patients about appropriate oral care

- involve patients in the decision-making process

- provide patients with post-treatment follow-ups when needed

- improve patients' privacy protection

- be aware of patients' perceptions

- continuously work on both improving professionalism and the dentist-patient relationship.

Policy-makers should:

- develop and implement national quality assurance policy

- provide alternative opportunities and sources of payment for patients with average and low standard of living

- improve the country's standard of living/economy.

Researchers should:

- disseminate the study findings with the health care professionals and with policymakers

- continue to research this topic.

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Tables

Table 1. Variables and Types of Measures

Variables	Type	Scale
Dependent variables		
Access	Numerical	Likert scale:1strongly disagree 2 disagree 3 not sure 4 agree 5 strongly agree
Availability	Numerical	Likert scale
Facility	Numerical	Likert scale
Respect	Numerical	Likert scale
Quality of care	Numerical	Likert scale
Participation	Numerical	Likert scale
Pain management	Numerical	Likert scale
Cost	Numerical	Likert scale
Safety	Numerical	Likert scale
Privacy	Numerical	Likert scale
General satisfaction	Numerical	Likert scale
Patients' perception	Categorical	1. Have more personnel 2. Provide additional services 3. Change the location of the clinic 4. Improve sanitary control 5. Other
Independent variables		

Age	Numerical	18-84
Gender	Binary	1 male, 2 female
Educational status	Ordinal	1.School (less than 10 years) 2.School (10 years) 3.Professional technical education (10-13years 4.Institute/University 5.Postgraduate
Employment	Categorical	1.Yes 2. No 3. Student 4. Retired 5. Other
General Standard of Living	Ordinal	1. Substantially below average 2. A little below average 3. Average 4. Little above average 5. Substantially above average
Place of residence	Nominal	1. Armenia, 2. Another country

Table 2. Dental Patients' Experience questionnaire

Domains (12)	Number of questions(50)	Source of questions
Access	6 (B2, B3, B4, B5, B6, B7)	DSQ, PPDHS
Availability	2 (B1,B29)	DSQ, PPDHS
Facility	3 (B8, B9, B10)	KUS, PPDHS
Respect	2 (B11,B12)	FPS
Quality of care	11 (B13-B19, B23-B26)	FPS, DSQ, PPDHS
Participation	1 (B20)	FPS
Pain management	2 (B21, B22)	FPS
Cost	3 (B30-B32)	DSQ, EO
Safety	1(B28)	FPS
Privacy	1 (B27)	FPS
General satisfaction	1(B33)	DSQ
Patients' perceptions	5 (C1- C5)	EO
Demographic data	7 (D1-D7)	CHSR
Screeners	5 (A1-A5)	EO

FPS – Flemish Patient Survey

DSQ –Dental Satisfaction Questionnaire

KUS- Kuwait University Study

PPDHS – Prince Philip Dental Hospital's Study

EO – Experts' Opinion

CHSR – Center for Health Services, Research, and Development

Table 3. Socio-demographic characteristics of participants

Characteristics		n (%)
Gender	Male	66 (40.2)
	Female	98 (59.8)
Age	Mean age	42.85
	Range	18-84
Education	School (less than 10 years) School (10 years)	4 (2.4)
		24 (14.6)
	Professional technical education (10-13years)	50 (30.5)
	Institute/University	76 (46.3)
	Postgraduate	10 (6.1)
Employment status	Employed	93 (56.7)
	Unemployed	45 (27.4)
	Student	4 (2.4)
	Retired	22 (13.4)
	Other	0
Marital status	Married	108 (65.9)
	Separated/Divorced	5 (3)
	Widowed	7 (4.3)
	Single	44 (26.8)
Standard of living	Substantially below average	2 (1.2)
	A little below average	11 (6.7)
	Average	99 (60.4)
	Little above average	37 (22.6)
	Substantially above average	15 (9.1)
Place of residence	Armenia	155 (94.5)
	Other	8 (4.9)
	Missing	1 (0.6)

Table 4. Patient Experience Score (PES)

Domains	Missing	Low Score	High Score	SD
Access	11		3.97	0.47
Availability	8		3.96	0.64
Facility	3		4.11	0.62
Quality of care	17	3.86		0.44
Respect	2		4.40	0.62
Privacy	15	3.74		0.89
Participation	8	3.88		0.84
Pain management	3		4.18	0.57
Safety	0		4.17	0.69
Cost of treatment	11	3.91		0.62
General satisfaction	4	2.94		1.13
PES	31		3.92	0.39
STRUCTURE	10		4.02	0.52
PROCESS	34		4.02	0.41
OUTCOME	15	3.68		0.56

Table 5. General information about the last dental visit

Questions	Responses	n (%)
When did you last visit the dentist?	0-30 days	93 (56.7)
	31-180 days	39 (23.8)
	181-360 days	32 (19.5)
What services did you receive during your last visit?	Dental therapy	79 (48.2)
	Orthopedic treatment	39 (23.8)
	Dental surgery	32 (19.5)
	Orthodontic treatment	6 (3.7)
	Aesthetic treatment	8 (4.9)
What was your overall satisfaction with your last visit?	Excellent	86 (52.4)
	Good	56 (34.1)
	Fair	13 (7.9)
	Poor	9 (5.5)
Are you planning to see the same dentist again?	Yes	147 (89.6)
	No	17 (10.4)
Why are you changing dentists?	Dissatisfied	9 (5.5)
	Treatment plan	1 (0.6)
	I changed the place of residence	2 (1.2)
	Dentist changed the place of residence	1 (0.6)
	Other	3 (1.8)

Table 6. Patients' perceptions

Questions	Responses	n (%)
The fees for patients from other countries should be:	the same	102 (62.2)
	10%	18 (11)
	20%	17 (10.4)
	50%	16 (9.8)
	other	11 (6.7)
How can dentists improve their services?	Provide additional services	29 (17.7)
	Have more personnel	40 (24.4)
	Change the location of the clinic	8 (4.9)
	Improve sanitary control	32 (19.5)
	Other	66 (40.2)
	• Decrease prices	5 (3)
	• Improve dentists' professionalism	4 (2.4)
	• Increase dentists' salaries	4 (2.4)
	• Renovate equipment	7 (4.3)
	• Do not know	3 (1.8)
	• Satisfied	36 (21.9)
	• Other	6 (3.7)
Which criteria do you consider as the most important when choosing the dental clinic	Dentists' attitude	95 (57.9)
	Dentists' qualification	113 (68.9)
	Clinic's location	8 (4.9)
	Sanitary control	93 (56.7)
	Modern equipment	79 (48.2)
	Other	3 (1.8)
Please, tell us which additional services you would like dentists to provide	Nothing	119 (72.6)
	Aesthetic dentistry	4 (2.4)
	Pediatric dentistry	3 (1.8)
	Narrow specialization of dentists	8 (4.9)
	Modernization of clinic	6 (3.7)
	Psychological help	3 (1.8)
	Prevention	3 (1.8)
	Other	18 (10.9)
Will you recommend the clinic to your friends and relatives?	Yes	150 (91.5)
	No	9 (5.5)
	Do not know	5 (3)

Table 7. Results of t-test and Chi2 test between PES (binary), age and categorical variables

Question	Total	Low Score n (%)	High score n (%)	P-value
Please, indicate your age (*completed years*)	133 mean 42.9	69 (46.7)	64 (36.9)	**0.0087**
Please, indicate your gender				
1. Male	53	29 (54.7)	24 (45.3)	0.594
2. Female	80	40 (50)	40 (50)	
Indicate the highest level of education that you have received? Please choose one option.				
1.Undergraduate	61	34 (55.74)	27 (44.26)	0.412
2.Graduate	72	35 (48.61)	37 (51.39)	
Are you employed?				
1. Yes	77	37 (48)	40 (52)	0.300
2. No	56	32 (57.1)	24 (42.9)	
What is your marital status?				
1. Married	88	47 (53.4)	41 (46.6)	0.622
2. Not married	45	22 (48.9)	23 (51.1)	
How would you rate your family's general standard of living?				**Fisher's**
1. Below average	12	10 (83.3)	2 (16.7)	**exact**
2. Average	78	43 (55.1)	35 (44.9)	
3. Above average	43	16 (37.2)	27 (62.8)	**0.013**
Place of residence				
1. Armenia	126	65 (51.6)	61 (48.4)	0.542
2. Other	7	4 (57.1)	3 (42.9)	Fisher's exact
When did you last visit the dentist?				
1. 0 -30 days	81	40 (49.4)	41 (50.6)	0.775
2. 31-180 days	28	16 (57.1)	12 (42.9)	
3. 181-365 days	24	13 (54.2)	11 (45.8)	

What services did you receive during your last visit?				
1. Dental therapy	64	32 (50)	32 (50)	0.772
2. Orthopedic treatment	33	16 (48.5)	17 (51.5)	Fisher's exact
3. Dental surgery	27	16 (59.3)	11 (40.7)	
4. Orthodontic treatment	4	3 (75)	1 (25)	
5. Aesthetic treatment	5	2 (40)	3 (60)	
What was your overall satisfaction with your last visit?				
1. Excellent	70	21 (30)	49 (70)	**0.000**
2. Good	46	32 (69.6)	14 (30.4)	**Fisher's**
3. Fair	9	8 (88.9)	1 (11.1)	**exact**
4. Poor	8	8 (100)	0 (0)	

Table 8. Results of unadjusted analysis

Variable	Odds	Confidence Interval	P - value
Please, indicate your gender			0.594
1. Male	1.20	0.60 - 2.24	
2. Female	1.00 (reference)		
Please, indicate your age (*completed years*)	0.97	0.95 - 0.99	**0.010**
Indicate the highest level of education that you have received? Please choose one option.			
1.Undergraduate	1.00		
2.Graduate	1.33	0.67 – 2.64	0.413
Are you employed?			
1. Yes	1.00		
2. No	0.69	0.35 - 1.39	0.301
What is your marital status?			
1. Married	1.00		
2. Not married	1.19	0.58 - 2.45	0.622
How would you rate your family's general standard of living?			
1. Below average	1.00		
2. Average	4.06	0.84 – 19.8	0.082
3. Above average	8.43	1.64 – 43.46	**0.011**
Place of residence			
1. Armenia	1.00		
2. Other	0.79	0.17 – 3.71	0.775
When did you last visit the dentist?			
1. 0 -30 days	1.00		
2. 31-180 days	0.73	0.31 -1.74	0.480
3. 181-365 days	0.82	0.33 – 2.05	0.681
What services did you receive during your last visit?			
1. Dental therapy	1.00]		
2. Orthopedic treatment	1.06	0.46 – 2.46	0.888

3. Dental surgery	0.68	0.27 – 1.71	0.420
4. Orthodontic treatment	0.33	0.33 – 3.38	0.352
5. Aesthetic treatment	1.50	0.23 – 9.59	0.668
What was your overall satisfaction with your last visit?			
1. Excellent	37.3	4.64 – 300.02	**0.001**
2. Good	7	0.84 – 58.06	0.071
3. Fair or poor	1.00		

Table 9. Results of multivariable logistic regression (full model)

Variable	Odds	Confidence Interval	P - value
Please, indicate your gender			
1. Male	1.15	0.55 - 2.43	0.708
2. Female	1.00		
Please, indicate your age (*completed years*)	0.98	0.95 – 1.00	0.128
Indicate the highest level of education that you have received? Please choose one option.			
1.Undergraduate	1.00		
2.Graduate	1.03	0.48 – 2.19	0.939
Are you employed?			
1. Yes	1.00		
2. No	1.04	0.46 - 2.34	0.928
What is your marital status?			
1. Married	1.00		
2. Not married	0.95	0.41 - 2.18	0.899
How would you rate your family's general standard of living?			
1. Below average	1.00		
2. Average	3.25	0.63 – 16.7	0.157
3. Above average	5.94	1.04 – 34.06	**0.046**
Place of residence			
1. Armenia	1.00		
2. Other	0.58	0.12 – 2.87	0.507

Table 10. Results of multivariable logistic regression (reduced model)

Variable	Odds	Confidence Interval	P -value
Please, indicate your age (*completed years*)	0.98	0.96 – 1.00	0.096
How would you rate your family's general standard of living?			
1. Below average	1.00		
2. Average	3.17	0.63 – 16.05	0.162
3. Above average	5.64	1.02 – 31.13	**0.047**

Figures

Fig.1. Theoretical framework

| Access to Care | → | Structure of Care

Amenities

Equipment

Drug Supplies

Trained staff

Utilities | → | Process of Care

Technical quality: Adherence to treatment guidelines

Quality of Interpersonal care: friendliness, timeliness | → | Intermediate patient outcomes

Patient satisfaction |

↓

Ultimate outcome

Improvement in health

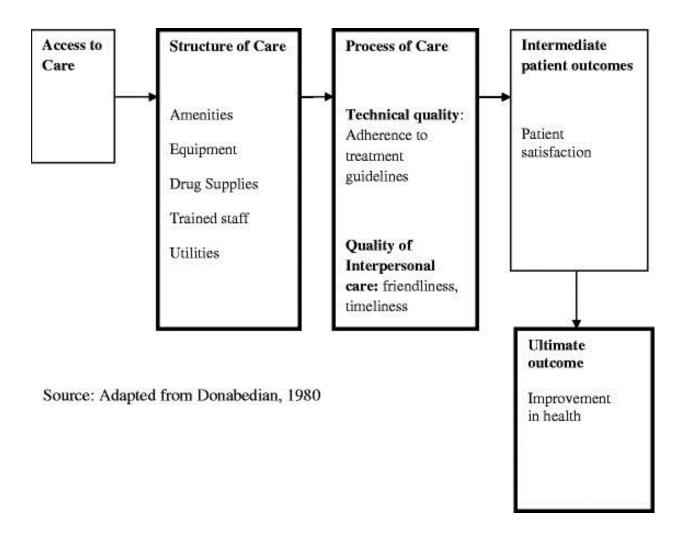Source: Adapted from Donabedian, 1980

Figure 2. PES by domains

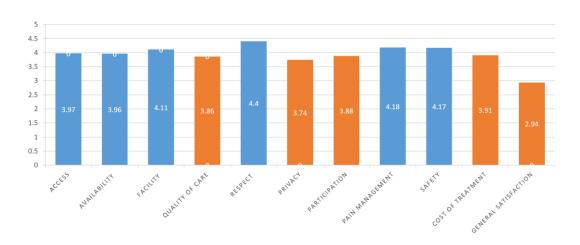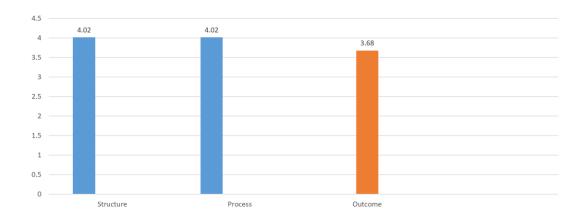Distribution of mean scores by PES domains

Figure 3. PES by Process, Structure, and Outcome

Distribution of mean scores by Process, Structure and Outcome

Appendices

Appendix 1. Flemish Patient Survey's Questionnaire

Table 2. Exploratory factor analysis for the modified version of the Flemish Patient Survey.

Item	Response Categories	Item in Preliminary Version (Table 1)	Missing Data Values (%)	Information about Condition	Information about Treatment and Procedures	Dealing with Patients and Collaboration between Healthcare Providers	Privacy	Pain Management	Discharge	Safe Care	Preparing for Hospital Stay
1. My hospital stay was planned in advance.	1	1	12.2%	Screener (response categories: 'planned', 'not planned')							
2. I received useful and sufficient information from my GP on how to prepare for this hospital stay.	1	3	3.7%	−0.042 *	0.054 *	0.109 *	−0.024	0.015	0.030	−0.025	**0.695 ***
3. I received useful and sufficient information from hospital staff on how to prepare for this hospital stay.	1	4	8.9%	−0.061 *	0.052 *	−0.124 *	0.028	0.107 *	−0.036 *	0.077 *	**0.423 ***
4. I received information about the cost of my stay in advance.	1	5	8.8%	0.075 *	0.027	−0.053 *	0.056 *	0.032	−0.056 *	0.119 *	**0.558 ***
5. Hospital staff provided sufficient information about the causes of my condition.	2	6	8.5%	**0.885 ***	−0.022 *	0.008	0.022	0.003	−0.016	0.017	0.013
6. Hospital staff provided sufficient information about the possible treatment methods for my condition.	2	7	8.4%	**0.919 ***	0.029 *	0.034 *	0.021 *	0.040 *	−0.010	−0.068 *	−0.009
7. Hospital staff provided sufficient information about the consequences of my disease.	2	8	9.3%	**0.822 ***	0.085 *	0.004	−0.005	0.009	0.039 *	0.061 *	0.062 *
8. Hospital staff told me in advance what exactly an examination, treatment or surgery constituted.	2	9	4.9%	0.014 *	**0.862 ***	0.052 *	0.028 *	0.038 *	−0.022 *	−0.051 *	0.018 *
9. Hospital staff told me in advance why a study, treatment or surgery was needed.	2	10	5.3%	−0.029 *	**0.956 ***	−0.019	0.016 *	0.023 *	−0.032 *	0.029 *	0.014 *
10. Hospital staff told me in advance what the possible side effects or effects of the examination, treatment or surgery could be.	2	11	8.0%	0.169 *	**0.670 ***	0.001	−0.006	−0.033 *	0.040 *	0.175 *	0.101 *
11. Nurses explained things in a way I could understand.	2	12	3.7%	0.070 *	**0.425 ***	0.373	0.022	0.083 *	0.046 *	−0.004	0.071 *
12. Nurses treated me with courtesy and respect.	2	15	2.0%	−0.083 *	0.127 *	**0.558**	0.124 *	0.205 *	−0.003	−0.060 *	0.004
13. Doctors explained things in a way I could understand.	2	13	2.0%	0.018	0.073 *	**0.711**	−0.091 *	−0.035 *	0.554 *	0.018 *	0.030 *
14. Doctors treated me with courtesy and respect.	2	16	2.2%	−0.057 *	−0.075 *	**0.828**	0.018 *	0.007	0.521 *	−0.044 *	−0.055 *
15. Hospital staff did not contradict each other.	2	14	6.4%	0.077 *	0.111 *	**0.585**	−0.025	−0.067 *	0.052 *	0.117 *	0.048 *
16. Hospital staff collaborated well.	2	22	2.5%	0.044 *	0.030 *	**0.735**	0.125 *	0.030 *	−0.104 *	0.104 *	0.056 *
17. I felt safe in the hands of hospital staff.	2	19	2.0%	0.064 *	0.207 *	**0.613**	0.230 *	0.103 *	−0.127 *	0.051 *	0.043 *
18. Hospital staff respected my privacy during conversations.	2	17	3.3%	0.012	0.019	0.017	**0.924**	−0.009	0.002	0.012	0.001
19. Hospital staff respected my privacy during examinations, treatment and care.	2	18	3.3%	−0.012	−0.002	0.027	**0.898**	0.022 *	0.023 *	0.005	0.000
20. Hospital staff encouraged me to co-decide on the choices of my research, treatment and care (e.g., washing).	2	25	10.4%	0.133 *	0.207 *	0.0450 *	0.275	−0.023 *	0.045 *	0.353 *	0.132 *
21. Hospital staff always introduced themselves by name and function.	2	21	4.2%	0.012 *	0.019	−0.006	0.015	0.129 *	−0.039 *	**0.702**	0.010
22. Before any treatment, examination or surgery began, hospital staff checked my identity by asking for my name, first name and date of birth and my identification band (wristband) was checked.	2	20	3.2%	−0.135 *	−0.002	0.089 *	0.018	0.320 *	0.006	**0.481**	−0.012
23. Hospital staff sufficiently asked about my pain.	2	23	3.4%	0.015	0.055 *	0.009	−0.042 *	**0.855**	−0.008	0.124 *	0.001
24. My pain was well controlled.	2	24	5.2%	0.050 *	−0.014	0.042 *	0.038 *	**0.827**	0.031 *	−0.014	−0.005
25. I could co-decide on the time of discharge.	1	26	6.7%	0.051 *	−0.022	−0.048 *	0.069 *	0.101 *	**0.320**	0.192 *	0.313 *

Appendix 2. Dental Satisfaction Questionnaire

Original Formulation of Dental Satisfaction Questionnaire Scales

Scale Name	Item	Abbreviated Content	Cronbach's Alpha for Scale
Pain management			.59
	4	*Avoid dentist because painful*	
	8	Dentists should reduce pain	
	19	Not concerned about pain	
Quality			.61
	2	Dentists check everything	
	6	Dentists treat patients with respect	
	11	Dentists not thorough	
	14	Dentists relieve most problems	
	16	Explain what they do and cost	
	17	Keep people from problems with teeth	
	18	Dentists' offices modern	
Access total			.56
	3	Fees too high	
	5	Wait long time at dentist's office	
	7	Enough dentists around here	
	9	Dental care conveniently located	
	10	Dentists avoid unnecessary expenses	
	13	Hard to get appointment	
	15	Office hours good	
Items not on a subscale	1	Dental care could be better	
	12	See same dentist	
DS-I (overall)		All 19 items	.77

Appendix 3. Kuwait University Study Questionnaire

PATIENT SATISFACTION IN DENTAL HEALTHCARE CENTERS   Go to:

Questionnaire

Section 1: Clinical dental services

Number	Degree of satisfaction about the dentists performance					
1	The availability of enough dentists in the center	5	4	3	2	1
2	The dentists' commitment to being on time and punctuality	5	4	3	2	1
3	Ability to listen to the patients and empathize with them	5	4	3	2	1
4	Providing clear explanation to the patient before treatment and give posttreatment instructions	5	4	3	2	1
5	Dentist's clinical competence in performing the dental procedure at the designated time frame	5	4	3	2	1
	Degree of satisfaction regarding the dental assistants					
6	The availability of enough dental assistants in the center	5	4	3	2	1
9	The dental assistant's speed of response to the patients' needs	5	4	3	2	1
10	The use of modern dental devices and instruments	5	4	3	2	1
11	The availability of all the needed dental materials and instruments	5	4	3	2	1
12	The infection control protocol monitoring (availability of bagged sterile instruments, air/ water barriers, disposable bibs, cups and suction tips, and the cleanliness of the facility)	5	4	3	2	1

Section 2: Nonclinical dental services

Number	The sentence	Strongly satisfied	Satisfied	Neutral	Dissatisfied	Strongly dissatisfied
	Accessibility to dental care					
1	Easiness of obtaining a suiff date for appointments	5	4	3	2	1
2	Waiting time before seeing the doctor on the day of the appointment	5	4	3	2	1
	Physical exterior of the reception/waiting area					
6	Availability of enough seats in the waiting area	5	4	3	2	1
7	Suitability of interior design/décor of the center	5	4	3	2	1
	Reception staff					
8	How well you were welcomed at the reception	5	4	3	2	1
9	Ease of obtaining appointment date through the receptionist	5	4	3	2	1
10	Speed of response to the patient's complaints	5	4	3	2	1

Section 3: Overall satisfaction

Degree of satisfaction to the overall service						
The patient's overall satisfaction to the treatments results	5		3		2	1
Getting the patient fast service in case of emergencies	5	4	3	4	2	1
Caring about the sterilization and hygiene in the center	5	4	3	4	2	1

Appendix 4. Prince Philip Dental Hospital's Study Questionnaire

Themes, subthemes and new items derived from focus groups

Themes	Sub-themes	New Items (Statement)	DSQ Items
Attitude	Attitude of the dentists/students		Item 2. Dentists are very careful to check everything when examining their patients (Quality)
	Attitude of the dental supporting staff	1. The working attitude of the nurse made me feel uncomfortable	Item 11. Dentists aren't as thorough as they should be (Quality)
			Item 16. Dentists usually explain what they are going to do and how much it will cost before they begin treatment (Quality)
			Item 6. Dentists always treat their patients with respect (Quality)
Cost			Item 3. The fees dentists charge are too high (Cost)
Convenience	Access	2. The dental service is accessible when I need emergency dental care	Item 15. Office hours when you can get dental care are good for most people (Access)
		3. The admission procedure of the Hospital is convenient and fast	Item 9. Places, where you can get dental care, are very conveniently located (Availability/Convenience)
	Treatment procedure	4. There are too many visits throughout the whole treatment plan	Item 13. It's hard to get an appointment for dental care right away (Access)

Themes	Sub-themes	New Items (Statement)	DSQ Items
			Item 5. Peoples are usually kept waiting for a long time when they are at the dentist's office (Access)
Pain management			Item 8. Dentists should do more to reduce your pain (Pain management)
Quality	Operator(s)	5. I am confident about the clinical skills of the dentists/students	Item 14. Dentists are able to relieve or cure most dental problems that people have (Quality)

Item 7. There are enough dentists around here (Availability/Convenience)

Item 12. I see the same dentists just about every time I go for dental care (Continuity)

Item 18. Dentist's offices are very modern and up to date (Environment) |
	Hospital	6. The infection control procedures are satisfactory	
Patients' perceived needs for oral disease prevention	Oral health education	7. The dentists/students have delivered me instructions on how to take care of my own teeth. (appropriate oral health education)	
		8. I can easily obtain oral health information from the hospital	

Themes	Sub-themes	New Items (Statement)	DSQ Items
	Regular follow-up	9. Adequate post-treatment follow-up is provided	

Patients' Experience in Dental Care

Survey Questionnaire

Clinic's ID_____   **Participant's ID**_____

Interview date_____**DD/MM/YYYY**

Dear participant, please remember that all questions are related to your most recent visit to a dentist prior to today.

Section A

1. When did you last visit the dentist?
       Please specify approximate date _____ DD/MM/YYYY

2. What services did you receive during your last visit?

       1. Dental therapy (restoration/endodontic treatment/prophylactics)
       2. Orthopedic treatment (crowns, prosthetic treatment)
       3. Dental surgery (tooth extraction, implantation)
       4. Orthodontic treatment (braces)
       5. Aesthetic treatment (teeth whitening, veneers)

3. What was your overall satisfaction with your last visit?
       5. Excellent
       6. Good
       7. Fair
       8. Poor

4. Are you planning to see the same dentist again?
       1. Yes (*Please go to* **Section B**)
       2. No

5.   Why are you changing dentists?

       1.   Dissatisfied
       2.   It was required by the treatment plan (another specialist)
       3.   I changed my place of residence
       4.   Dentist changed the workplace/retired
       5.   Other *(Specify)*_____

Instructions for Completing the Questionnaire

Dear participant, before completing the questionnaire please read the question and the response options carefully. Choose the one option that best represents your opinion and mention it in the corresponding table cell.

Section B

Question	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5	N/A 0
1. The dental clinic was conveniently located						
2. The dentist's office hours were convenient for me						
3. The dental clinic was accessible (open and I can get there) if I need emergency dental care						
4. It was hard to get an appointment for dental care right away						
5. The admission procedure of the dental clinic was convenient and fast						
6. It was easy to obtain appointment date through the receptionist						
7. I was kept waiting too long when I was at the dentist's office						
8. The dental clinic was modern and up to date (waiting area, dental units)						
9. The dentists used modern dental devices and instruments (intraoral camera, scanner, X-ray, photo camera)						

Question	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5	N/A 0
10. The infection control procedures were satisfactory (disinfection and sterilization of the instruments, disposable gloves, diapers...)						
11. Nurses treated me with courtesy and respect.						
12. The dentists treated me with courtesy and respect						
13. The dentists spent enough time with me during the consultation						
14. The dentists were careful to check everything when examining me as a patient (history of the disease, allergy, chronic conditions)						
15. The dentists were not as thorough as they should be (ask questions, listen to my complaints, perform diagnostic tests)						
16. The dentists explained things in a way I could understand						
17. The dentists were able to relieve or cure most dental problems that I have						
18. I was confident about the clinical skills of the dentists I was getting treatment from						
19. There were too many visits throughout the whole treatment plan						

Question	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5	N/A 0
20. Dentists encouraged me to co-decide on the choices of my treatment and care						
21. Dentists sufficiently asked about my pain						
22. My pain was well controlled						
23. The dental clinic staff did not contradict each other						
24. The dental clinic staff collaborated well with each other						
25. The dentists/students/residents have delivered me instructions on how to take care of my own teeth						
26. Adequate post-treatment follow-up was provided						
27. My privacy was respected during examinations, treatment, and care						
28. I felt safe in the hands of the dental clinic staff						
29. I can easily obtain oral health information from the dental clinic						
30. The dentists helped me to avoid unnecessary expenses (explained optimal treatment plan or provide several options)						
31. The dentists explained how much it will cost before the treatment						

Question	Strongly disagree 1	Disagree 2	Neither agree nor disagree 3	Agree 4	Strongly agree 5	N/A 0
initiation						
32. The fees in this dental clinic were too high						
33. There are things about the dental care I received that could have been better						

Section C

*Choose the option(s) that best represents your opinion and circle the corresponding number(s). Questions #1, # 2, #3 have option **Other,** where you can write your answer in words. Question # 4 is open-ended and requires you to answer in words*

1. The fees for patients from other countries should be:
   Please, choose one option

   1. The same as for Armenians
   2. 10% higher
   3. 20% higher
   4. 50% higher
   5. other (specify)_____

2. How can dentists improve their services?
   You can choose several options

   1. Provide additional services
   2. Have more personnel
   3. Change the location of the clinic
   4. Improve sanitary control
   5. Other (specify)_____

3. Which criteria do you consider as the most important when choosing the dental clinic
   You can choose several options

   1. Location of the clinic
   2. Dentists' attitude
   3. Dentists' qualification
   4. Sanitary control
   5. Modern equipment
   6. Other (specify)_____

4. Please, tell us which additional services you would like dentists to provide

   _____

5. Will you recommend the clinic to your friends and relatives?
   Please, choose one option

   1. Yes
   2. No
   3. Do not know

Section D

Choose the option that best represents your sociodemographic characteristic and circle the corresponding number.

Thank you for your participation!

1. Please, indicate your gender	1. Male 2. Female
2. Please, indicate your age (*completed years*)	
3. Indicate the highest level of education that you have received? *Please choose one option*	1. School (less than 10 years) 2. School (10 years) 3. Professional technical education (10-13years) 4. Institute/University 5. Postgraduate
4. Are you employed? (Consider as employment also self-employment, farming, and seasonal/migrant work) *Please choose one option*	1. Yes 2. No 3. Student 4. Retired 5. Other
5. What is your marital status? *Please choose one option*	1. Married 2. Separated/Divorced 3. Widowed 4. Single
6. How would you rate your family's general standard of living? *Please choose one option*	1. Substantially below average 2. A little below average 3. Average 4. Little above average 5. Substantially above average
7. Place of residence *Please choose one option*	1. Armenia 2. Other

Ստոմատոլոգիական Բուժառուի Փորձառություն

Հարցաթերթիկ

Ստոմ. կլինիկայի ID_____   Բուժառուի ID_____

Ամսաթիվ ————————————————օր/ամիս/տարեթիվ

Հարգելի մասնակից, բոլոր հարցերը վերաբերում են Ձեր նախորդ ստոմատոլոգիական այցելությանը

Մաս Ա

1. Ե՞րբ եք վերջին անգամ այցելել ստոմատոլոգի

Խնդրում եմ նշեք մոտավոր ժամկետը _____ օր/ամիս/տարեթիվ

2. Ի՞նչ ծառայություններից եք օգտվել Ձեր վերջին այցելության ժամանակ

1. Թերապիա (վերականգնում, էնդոդոնթիա, պրոֆիլակտիկա)
2. Օրթոպեդիա (շապիկներ, պրոթեզավորում)
3. Վիրաբուժություն (ատամի հեռացում, իմպլանտացիա)
4. Օրթոդոնթիա (բրեկետներ)
5. Էսթետիկ ստոմատոլոգիա (ատամների սպիտակեցում, վինիրներ)

3. Ինչպե՞ս եք գնահատում ընդհանուր բավարարվածությունը Ձեր վերջին այցով

1. Գերազանց
2. Լավ
3. Բավարար
4. Վատ

4. Արդյո՞ք Դուք պլանավորում եք դիմել այդ նույն ստոմատոլոգին

1. Այո (*Խնդրում եմ անցնել* **Մաս Բ**-*ին*)
2. Ոչ

3. Ի՞նչն է պատճառ հանդիսացել դիմելու այլ ստոմատոլոգի
1. Անբավարարվածություն/դժգոհություն
2. Դա որոշված էր բուժման պլանի շրջանակներում (այլ մասնագետ)
3. Փոխել եմ բնակությանս վայրը
4. Ստոմատոլոգը տեղափոխվել է/ թոշակի է անցել
5. Այլ (*խնդրում ենք նշել պատճառը*)_____

Հարցաշարը լրացման ցուցումներ

Հարգելի մասնակից, նախքան հարցաշարի լրացնելը ուշադիր կարդացեք յուրաքանչյուր հարց և պատասխանի հնարավոր տարբերակները: Ընտրեք մեկ տարբերակ, որը լավագույնս բնութագրում է Ձեր կարծիքը և նշում կատարեք այդ ուսակլի համապատասխան վանդակում:

Մաս Բ

Ս. Կ.- *Ստոմատոլոգիական կլինիկա*

Ս. Ծ. - *Ստոմատոլոգիական ծառայություն*

Հարց	Միանշ անակ համաձ այն չեմ 1	Համաձ այն չեմ 2	Ոչ համաձայն եմ ոչ էլ ոչ 3	Համաձ այն եմ 4	Միանշ անակ համաձ այն եմ 5	Կիրա ռելի չէ 6
1. Ս. Կ.-ն հարմարավետ էր տեղակայված						
2. Ս. Կ.-ի աշխատանքային ժամերն ինձ հարմար էին						
3. Ս.Ծ.-ը ինձ հասանելի էր երբ ես անհետաձգելի ս.-ն օգնության կարիք ունեի						
4. Դժվար էր անմիջապես ժամադրության գրանցվել ս.-ն ծ.-ն համար						
5. Ս. Կ.-ի ընդունելության (գրանցման) գործընթացն արագ էր և հարմարավետ						
6.						

Հարց	Միանշանակ համաձայն չեմ 1	Համաձայն չեմ 2	Ոչ համաձայն եմ ոչ էլ ոչ 3	Համաձայն եմ 4	Միանշանակ համաձայն եմ 5	Կիրառելի չէ 6
Ադմինիստրատորի օգնությամբ հեշտությամբ կարելի էր ժամադրվել (գրանցվել)						
7. Ես երկար եմ սպասել Ս.Կ.-յում գտնվելիս նախքան բուժայցը						
8. Ս. Կ.-ն ժամանակակից էր (սպասասրահ, սարքավորումներ)						
9. Ստոմատոլոգները օգտագործում էին ժամանակակից սարքավորումներ և գործիքներ (ներբերանային տեսախցիկ, սկաներ ռենտգեն, ֆոտոխցիկ)						
10. Ախտահանման և վարակազերծման կարգը բավարար մակարդակի էր (մեկանգամյա ձեռնոցներ, սրբիչներ)						
11. Բուժ. քույրերն իմ հանդեպ հարգալից էին և նրբանկատ						
12. Ստոմոտոլոգներն իմ հանդեպ հարգալից էին և նրբանկատ						
13.						

Հարց	Միանշանակ համաձայն չեմ 1	Համաձայն չեմ 2	Ոչ համաձայն եմ ոչ էլ ոչ 3	Համաձայն եմ 4	Միանշանակ համաձայն եմ 5	Կիրառելի չէ 6
Ստոմատոլոգները բավական ժամանակ էին տրամադրում խորհրդատվությանը						
14. Ստոմատոլոգները ուշադիր ստուգում էին ամեն ինչ ինձ հետազոտելիս (հիվանդության պատմություն,ալերգիա, քրոնիկ հիվ.)						
15. Ստոմատոլոգներն այնքան էլ մանրակրկիտ չէին, որքան որ պիտի լինեին (հարցեր, զանգատներ, ածտորոշում)						
16. Ստոմատոլոգի բացատրությունն ինձ համար հասկանալի էր և մատչելի						
17. Ստոմատոլոգներն ի զորու էին բուժել կամ թեթևացնել իմ առկա խնդիրների մեծ մասը						
18. Ես վստահում էի տվյալ ստոմատոլոգների մասնագիտական հմտություններին						
19. Բուժման ընթացքում այցելությունները չափից շատ էին						

Հարց	Միանշանակ համաձայն չեմ 1	Համաձային չեմ 2	Ոչ համաձային եմ ոչ էլ ոչ 3	Համաձային եմ 4	Միանշանակ համաձային եմ 5	Կիրառելի չէ 6
20. Ստոմատոլոգները քաջալերում էին ինձ մասնակցել բուժման տարբերակի ընտրությանը						
21. Ստոմատոլոգները բավականաչափ հարցնում էին իմ ցավի զգացողության մասին						
22. Իմ ցավային զգացողությունը լավ վերահսկվում էր						
23. Ս. Կ.-ի աշխատակազմի անդամներն իրար չէին հակասում						
24. Ս. Կ.-ի աշխատակազմի անդամներն իրար հետ լավ համագործակցում էին						
25. Ստոմատոլոգներն/օրդ ինստորներն ինձ սովորեցրել են բերանի խոռոչի խնամքի կանոնները						
26. Համապատասխան հետբուժական հսկողություն է առաջարկվել						
27.						

Հարց	Միանշ անակ համաձ այն չեմ 1	Համաձ այն չեմ 2	Ոչ համաձայն եմ ոչ էլ ոչ 3	Համաձ այն եմ 4	Միանշ անակ համաձ այն եմ 5	Կիրա ռելի չէ 6
Իմ հետազոտության, բուժման և խնամքի ընթացքում գաղտնիությունը պահապանվել է						
28. Ես ինձ ապահով էի զգում Ս. Կ.-ի աշխատակազմի ձեռքերում						
29. Իմ բերանի խոռոչի առողջությանը վերաբերող տեղեկատվությունը հեշտությամբ կարելի է ձեռք բերել Ս. Կ.-ից						
30. Ստոմատոլոգները օգնել են խուսափել ավելորդ ծախսերից (առաջարկում են օպտիմալ բուժման պլանը)						
31. Ստոմատոլոգները բացատրել են, թե ինչ կարժենա բուժումը նախքան այն սկսելը						
32. Այս Ս. Կ.-յում վճարները շատ բարձր էին						
33. Որոշ հարցերում Ս ծ:-ը կարող էր ավելի լավը լինել						

Մաս Գ

Հարգելի մասնակից, որոշ հարցերում ներկայացված է Այլ տարբերակ (հարց #1, #2, #3): Այն ընտրելու դեպքում պատասխանը պետք է գրել բառերով: Հարց #4-ը նույնպես բառային պատասխան է պահանջում:

1. Այլ երկրներից ժամանած բուժառուների համար վճարները պետք է լինեն՝

(*Ընտրեք մեկ տարբերակ*)

    1. նույնը, ինչպիսին որ Հայաստանի բնակիչներինն են

    2. 10%-ով բարձր

    3. 20%-ով բարձր

    4. 50%-ով բարձր

    5. Այլ (*պարզաբանեք*)_____

2. Ինչպե՞ս կարելի է բարելավել ստոմատոլոգիական ծառայությունը (*Կարող եք նշել մի քանի տարբերակ*)

    1. Ավելացնել աշխատակազմը

    2. Ավելացնել այլ ծառայություններ

    3. Փոխել Ս. Կ.-ի տեղակայումը

    4. Բարեփոխել սանիտարա-հիգիենիկ պայմանները

    5. Այլ (*պարզաբանեք*)_____

3. Ո՞ր չափանիշն եք ամենակարևորը համարում ստոմատոլոգիական կլինիկա ընտրելիս (*Կարող եք նշել մի քանի տարբերակ*)

    1. Ստոմատոլոգիական կլինիկայի տեղակայումը

    2. Ստոմատոլոգի վերաբերմունքը

    3. Ստոմատոլոգի որակավորումը

    4. Սան-հիգիենիկ պայմանները

    5. Ժամանակակից սարքավորումները

6. Այլ (*պարզաբանեք*) _____

4. Խնդրում եմ նշեք այն լրացուցիչ ծառայությունը (ները), որը կցանկանայիք որ մատուցվեր ստոմատոլոգիական կլինիկայում

_____

5. Դուք խորհուրդ կտայի՞ք Ձեր ընկերներին և մտերիմներին այցելել տվյալ ստոմատոլոգիական կլինիկան (*Ընտրեք մեկ տարբերակ*)

1. Այո

2. Ոչ

3. Չգիտեմ

Մաս Դ

Ընտրեք այն տարբերակն, որը համապատասխանում է Ձեր ժողովրդագրական տվյալներին և վերցրեք այն օղակի մեջ

1.	Նշեք Ձեր սեռը	1. Արական 2. Իգական
2.	Նշեք Ձեր տարիքը (լրացած)	
3.	Ի՞նչ կրթություն ունեք: (*Ընտրեք մեկ տարբերակ*)	1. Դպրոց (ավելի քիչ քան 10 տարի) 2. Դպրոց (10-ից 12 տարի) 3. Միջնակարգ մասնագիտական 4. Ինստիտուտ/Համալսարան 5. Հետդիպլոմային
4.	Ներկայումս աշխատու՞մ եք: (*Ընտրեք մեկ տարբերակ*)	1. Աշխատում եմ (*աշխատանք համարեք նաև Ձեր սեփական գործը, հողագործությունը և արտագնա աշխատանքը (ուրիշ երկիր մեկնելը աշխատելու նպատակով):* 2. Չեմ աշխատում 3. Ուսանող եմ 4. Թոշակառու եմ 5. Այլ_____ (*պարզաբանեք*)
5.	Ինչպիսի՞ նն է Ձեր ամուսնական կարգավիճակը ներկայումս:(*Ընտրեք մեկ տարբերակ*)	1. Ամուսնացած 2. Ամուսնալուծված 3. Այրի 4. Չամուսնացած
6.	Ինչպե՞ս կրնութագրեք Ձեր ընտանիքի կենսամակարդակը: (*Ընտրեք մեկ տարբերակ*)	1. Միջինից բավականին ցածր 2. Միջինից մի փոքր ցածր 3. Միջին 4. Միջինից մի փոքր բարձր 5. Միջինից բավականին բարձր
7.	Նշեք Ձեր բնակության վայրը: (*Ընտրեք մեկ տարբերակ*)	1.Հայաստան 2.Այլ

Շնորհակալություն մասնակցության համար

Опыт стоматологического пациента

Опросный лист

ID Стом. Клиники_____   ID пациента_____

Дата_____день/месяц/год

Секция А

Уважаемый участник, отвечая на вопросы будьте уверены, что предоставленная Вами информация относится Вашему последнему визиту к стоматологу.

1. Когда Вы посещали стоматолога в последний раз?
   *Пожалуйста, укажите приблизительную дату*_____ день/месяц/год

2. Какая стоматологическая помощь была Вам предоставлена во время последнего визита?

   6. Терапевтическое лечение (реставрация, эндодонтия, профилактика)
   7. Ортопедическое лечение (коронки, протезирование)
   8. Хирургическое лечение(удаление зуба, имплантация)
   9. Ортодонтическое лечение (брекеты)
   10. Эстетическое лечение (отбеливание, виниры)

3. Как вы охарактеризуете Вашу общую удовлетворенность последним визитом?

   9. Отлично
   10. Хорошо
   11. Удовлетворительно
   12. Плохо

4. Посещали ли вы одного и того же стоматолога во время Вашего последнего визита что и сейчас?
   1. Да (*перейдите к* **Секции Б**)
   1. Нет

5. В чем причина обращения к другому стоматологу?

   1. Не удовлетворен
   2. Это было предусмотрено планом лечения (другой специалист)
   3. Я сменил место жительства
   4. Стоматолог сменил место жительства/ушел на пенсию
   5. Прочее (*Пожалуйста, укажите причину*) _____

Инструкция по заполнению опросного листа

Секция Б

Уважаемый участник, перед тем как заполнить опросный лист внимательно прочтите ворос и предлагаемые варианты ответов. Выберите наиболее подходящий вариант ответа и отметьте его в соответствующей графе прилагаемой таблицы.

Примите во внимание:

С.К.- Стоматологическая клиника

С.С.- Стоматологический сервис

С. – Стоматолог

Вопрос	Полностью не согласен 1	Не согласен 2	Не знаю 3	Согласен 4	Полностью согласен 5	Не применимо 6
1. С.К. была расположена в удобном месте						
2. Часы работы в С.К. мне были удобны						
3. С. С. мне была доступна когда я нуждалась в стоматологической помощи						
4. Трудно было сразу же записаться на прием в С. К.						
5. Процедура записи в С.К. была быстрой и удобной						
6. С помощью администратора можно было с легкостью записаться в С.К.						
7. Я долго ждала находясь в С.К. до приема						
8. С.К. была современной (интерьер, стоматологические установки)						

Вопрос	Полностью не согласен 1	Не согласен 2	Не знаю 3	Согласен 4	Полностью согласен 5	Не применимо 6
9. С-и использовали современное оборудование и инструменты (интраоральная камера, сканер, рентген, фотоаппарат)						
10. Стерилизация и дезинфекция проводились удовлетворительно(так же используются одноразовые перчатки, салфетки, нагрудники)						
11. Мед. сестры отнсились ко мне уважительно и доброжелательно						
12. С.и относились ко мне уважительно и доброжелательно						
13. С.-и уделяли достаточно времени на консултацию						
14. С. тщательно и детально обследовал меня как пациента (история болезни, аллергия, хронические заб.)						
15. С.и не были настолько скурпулезны, насколько должны были быть (жалобы , вопросы, диагностика)						
16. С. разъяснял все на понятном и доступном языке						

Вопрос	Полностью не согласен 1	Не согласен 2	Не знаю 3	Согласен 4	Полностью согласен 5	Не применимо 6
17. С.-и способны вылечить большинство моих стоматологических проблем или облегчить их						
18. Я доверяла профессиональным навыкам С.-ов						
19. Колличество плановых посещений было велико						
20. С.-и поощряли меня принимать участие в выборе метода лечения						
21. С.-и довольно внимательно относились к моим болевым ощющениям						
22. Мои болевые ощущения хорошо контролировались (купировались)						
23. Персонал С. К. не противоречил друг другу						
24. Работники С.К. хорошо сотрудничали между собой						
25. С.-и/ординаторы обучили меня правилам ухода за ротовой полостью						
26. С.К. ведет адекватное наблюдение пациентов после завершения лечения						
27. Втечение моего обследования и лечения						

Вопрос	Полностью не согласен 1	Не согласен 2	Не знаю 3	Согласен 4	Полностью согласен 5	Не применимо 6
конфиденциальность была соблюдена						
28. В руках медицинского персонала я чувствовал себя в безопасности						
29. Информацию о состоянии моей ротовой полости с легкостью можно получить в С.К.						
30. С.-и помогли избежать лишних расходов (предлагают оптимальный план лечения)						
31. С.-и проинформировали о стоимости лечения до его начала						
32. Стоимость стоматологических услуг в данной клинике была высока						
33. В некоторых случаях мое лечение могло быть и лучше						

Секция В

Выберите наиболее подходящий вариант ответа и возьмите его в кружочек.

*Вопросы #1,#2,#3 имеют вариант ответа **Прочее**, в соответствующей графе Вы можете ответить словами. На вопрос #4 также необходимо ответить словами.*

1. Стоимость лечения для иностранцев должна быть: (*Укажите один вариант ответа*)

    1. Должна быть та же что и для местных
    2. Выше на 10%
    3. Выше на 20%
    4. Выше на 50%
    5. Прочее (*уточните*)——————————————————

2. Как можно улучшить стоматологический сервис? (*Вы можете указать несколько вариантов ответа*)

    1. Увеличить число сотрудников

    2. Добавить дополнительные услуги

    3. Изменить местоположение С.К.-и

    4. Улучшить санитарно-гигиенические условия

    5. Прочее (*уточните*)——————————————————

3. Какие критерии Вы считаете самыми важными при выборе С.К.-и? (*Вы можете указать несколько вариантов ответа*)

    1. Местоположение С.К.

    2. Отношение С.-ов

    3. Квалификацию врачей

    4. Санитарный контроль

    5. Современное оборудование

    6. Прочее (*уточните*)——————————————————

4. Пожалуйста укажите дополнительную услугу, которую вы бы хотели получить в С.К.-е

———————————————————————————————————

5. Вы бы порекомендовали данную С.К. Вашим друзьям и близким?

    1. Да

    2. Нет

    3. Не знаю

Секция Г

Выберите вариант ответа соответсвующий Вашей социо-демографической характеристике и возьмите его в кружочек.

1. Укажите Ваш пол	1. Мужской 2. Женский
2. Укажите Ваш возраст (полных лет)	
3. Укажите Ваше образование (наивысшее)	1. Среднее неполное (меньше 10и лет) 2. Среднее (10-12 лет 3. Профессиональное техническое образование (10-13лет 4. Высшее/Университет 5. Постдипломное
4. Работаете ли Вы в настоящее время? (в том числе собственный бизнес, земледелие и миграционные работы)? (*Укажите один вариант ответа*)	1. Да 2. Нет 3. Студент 4. Пенсионер 5. Прочее
5. Укажите Вашесемейноеположение *(Укажите один вариант ответа)*	1. Женат/Замужем 2. Разведен/разведена 3. Вдовец/вдова 4. Не женат/ не замужем
6. Как Вы характеризуете уровень жизни Вашей семьи?*(Укажите один вариант ответа)*	1. Значительно ниже среднего 2. Немного ниже среднего 3. Средний 4. Немного выше среднего 5. Значительно выше среднего
7. Укажите Ваше место жительства*(Укажите один вариант ответа)*	1. Армения 2. Прочее

Спасибо за участие!

Manual for dental clinics' recruitment

Hello, my name is Marine Mkrtchyan. I am a graduate student at the Turpanjian School of Public Health of the American University of Armenia. As a part of a Master's Thesis Project, we are conducting a study entitled "Dental Care in Yerevan, Armenia: Assessing Quality and Patient Experience ". The study is guided by Professors of the American University of Armenia. The aim of the study is to assess Patient Experience among Yerevan's dental patients.

Your clinic is one of the seven Yerevan's dental clinics which were chosen to participate. I would like to ask several brief questions to see if your dental clinic is the type of clinic we are interested in including in the study.

*If **yes**, the manager/director of the dental clinic will be asked two following screening questions:*

1. Does your clinic have a state license for providing dental services?

*If **yes continue** the interview, if **no stop** the interview and thank the participant*

2. How many dental units are there in the clinic?

*If **3 or more continue** the interview if **less than 3 stop** the interview and thank the manager/director of the clinic.*

We are going to recruit approximately 20-25 patients outside of the dental clinic next to the entrance before their appointment with the dentist. We will only ask them to help us by completing this survey, we will not contact them again in the future. Their participation in this study is completely voluntary. I would like to be sure that their decision to participate or refusal to do so will have no consequences on them, or on the services provided to them in this dental clinic. The survey will be conducted using a self-administered questionnaire. The questionnaire contains 50 questions about their experience as a dental patient, and also asks a few questions about their demographic characteristics. It will take approximately 15 minutes to complete and is completely confidential, that is, the identifiable information of the patient, as well as the dental clinic's name, will not be recorded on the questionnaire and will not appear in any presentation of the project.

The purpose of my visit is to inform you about the survey and the aim of the study. We are going to share our findings with dental care providers and policymakers after completing the survey and analyzing the data.

Identifying significant gaps in quality of dental care and factors associated with dental patients' experience in Armenia and sharing those results with other dental health providers and with policy-makers can have a positive impact on clinical outcomes and overall level of dental care in Armenia.

Ստոմատոլոգիական կլինիկաների հավաքագրման ձեռնարկ

Բարև Ձեզ, ես Մարինե Մկրտչյանն եմ։ Ես Հայաստանի Ամերիկյան Համալսարանի (ՀԱՀ) Թրփանճեան Հանրային Առողջապահության Ֆակուլտետի ավարտական կուրսի ուսանող եմ։ Մագիստրոսական թեզի շրջանակներում ես կատարում եմ հետազոտություն «Ստոմատոլոգիական ծառայությունը Երևանում․ որակի և ստոմատոլոգիական բուժառուների փորձառության գնահատում» թեմայով, որը համակարգվում է ՀԱՀ-ի պրոֆեսորների կողմից։ Հետազոտության առաջնային նպատակն է գնահատել Երևանի ստոմոտոլոգիական կլինիկաներում բուժում ստացող բուժառուների փորձառությունը։

Ձեր կլինիկան պատահականության սկզբունքով ընտրված 7 ստոմատոլոգիական կլինիկաներից մեկն է։ Ես կցանկանայի մի քանի կարճ հարց ուղղել Ձեզ՝ հասկանալու համար, թե արդյո՞ք Ձեր կլինիկան համապատասխանում է հետազոտությանը մասնակցելու պահանջներին:

Համաձայնության դեպքում անհրաժեշտ է կլինիկայի մենեջերին/տնօրենին ուղղել հետևյալ հարցերը.

1. Արդյո՞ք Ձեր կլինիկան ունի պետական լիցենզիա

*(Եթե **այո շարունակեք** հարցերը , **հակառակ դեպքում ընդհատեք** հարցումը և շնորհակալություն հայտնեք)*

2. Քանի՞ ստոմատոլոգիական համասարք ունի Ձեր կլինիկան

*(Եթե **3 և ավելի՝ շարունակեք** հարցերը , **հակառակ դեպքում՝ ընդհատեք** հարցումը և շնորհակալություն հայտնեք)*

Մենք պատրաստվում ենք հավաքագրել 20- 25 բուժառու կլինիկայից դուրս՝ մուտքի մոտակայքում, նախքան նրանց ստոմատոլոգիական բուժայցը։ Մեր նպատակն է հարցում անցկանցնել խնդրելով լրացնել հարցաշարը։ Նրանց մասնակցությունը կպահմանափակվի միայն մեկ հանդիպմամբ և հետագայում նորից դիմելու կարիք չի լինի։ Նրանց

մասնակցությունն այս հետազոտությանը լիովին կամավոր կլինի: Մենք ուզում ենք վստահ լինել, որ նրանց մասնակցելու կամ մերժելու որոշումը որևէ հետևանք չի ունենա նրանց կամ այս կլինիկայում նրանց տրամադրվող ծառայությունների վրա:

Հարցումը իրենից ներկայացնում է ինքնուրույն լրացվող հարցաշար: Այն բաղկացած է 50 հարցից, որոնք վերաբերում են նրանց փորձին որպես ստոմոտոլոգիական բուժառու, նաև ժողովրդագրական տվյալներին: Հարցաշարը լրացնելու համար նրանցից կպահանջվի մոտ 15 րոպե, հարցումը լիովին գաղտնի է, ինչը նշանակում է, որ բուժառուի անձը բացահայտող տվյալներ, ինչպես նաև Ձեր կլինիկայի անունը չի գրանցվի հարցաթերթիկում և չի ներկայացվի ոչ մի զեկույցում:

Իմ այցի նպատակն է տեղեկացնել Ձեզ հետազոտության և նրա նպատակների մասին: Մենք պլանավորում ենք մեր հետազոտության արդյունքները ներկայացնել ստոմատոլոգիական ծառայություն կազմակերպիչներին և առողջապահության քաղաքականություն մշակողներին` հետազոտությունն ավարտելու և արդյունքները վերլուծելուն պես: Ստոմատոլոգիական ծառայության որակի կարևոր բացերի, նաև ստոմատոլոգիական բուժառուի փորձառուի փորձառության պայմանավորող գործոնների բացահայտումը, ինչպես նաև այդ ինֆորմացիայի տրամադրումը համապատասխան մարմիններին դրականորեն կանդրադառնան կլինիկական արդյունքների և ընդհանուր Հայաստանի ստոմատոլոգիական ծառայության որակի վրա:

Manual for patients' recruitment

Patients should be recruited outside of the dental clinic next to the entrance before their appointment with the dentist.

Hello, my name is _____ (data-collectors name). The Turpanjian School of Public Health of the American University of Armenia is conducting a study on Quality of Dental Care and Patients Experience Among Dental Patients of Yerevan. I would like to ask several brief questions to see if you are the type of respondent we are seeking.

*If **yes**, the participant will be asked two following screening questions:*

1. How old are you?

*(If the **participant is 18 or above continue** the interview. If **not stop** the interview and thank the participant)*

2. Have you received dental treatment within the past year?

*If **yes continue** the interview, if **no stop** the interview and thank the participant*

*After selecting the participant please **provide the Oral Consent Form** (choose appropriate language)*

*Then, if the participant agreed to continue, please **provide the questionnaire** (choose appropriate language) and ask the participant to fill it. If **no stop** the interview and thank the participant.*

*Please, provide **sealable envelop** with each questionnaire and ask the participant to put the fulfilled questionnaire into the envelop and seal it immediately after completion.*

Please, fill the Journal form after each participant, mentioning the corresponding recruitment code next to the participants' number.

Please, pass the sealed envelopes with fulfilled questionnaires to the student-investigator on daily basis immediately after completing the interviews.

Բուժառուների հավաքագրման ձեռնարկ

Բուժառուների հավաքագրումը պետք է տեղի ունենա ընտրված ստոմատոլոգիական կլինիկայի մոտակայքում նախքան բուժառուի ստոմատոլոգիական ժամադրությունը

Բարև Ձեզ, իմ անունը ————(տվյալներ հավաքագրողի անուն) է: Հայաստանի ամերիկյան համալսարանի (ՀԱՀ) Թրփանճեան Հանրային Առողջապահության Ֆակուլտետը անց է կացնում հարցում ` **Ստոմատոլոգիական ծառայությունը Երևանում, որակի և ստոմոտոլոգիական բուժառուների փորձառության գնահատում** թեմայով: Ես կցանկանայի մի քանի կարճ հարց ուղղել Ձեզ` հասկանալու համար, թե արդյոք Դուք համապատասխանում եք հարցմանը մասնակցելու պահանջներին:

Համաձայնության դեպքում անհրաժեշտ է մասնակցին ուղղել հետևյալ հարցերը.

1. Քանի՞ տարեկան եք

*(Եթե մասնակիցը 18 տարեկան է կամ ավելի բարձր, շարունակեք հարցերը , հակառակ դեպքում **ընդհատեք հարցումը** և շնորհակալություն հայտնեք)*

2. Ստացել եք արդյո՞ք ստոմատոլոգիական բուժում վերջին մեկ տարվա ընթացքում

*Եթե **այո շարունակեք հարցումը**, եթե **ոչ ընդհատեք հարցումը** և շնորհակալություն հայտնեք:*

*Մասնակցին ընտրելուց հետո ներկայացրեք **Բանավոր իրազեկման ձևը** (համապատասխան լեզվով):*

*Այնուհետև, եթե մասնակիցը համաձայնում է շարունակել հարցումը, անհրաժեշտ է տրամադրել նրան **Հարցաթերթիկը** (համապատասխան լեզվով) և խնդրել լրացնել այն: Հակառակ դեպքում **ընդհատեք հարցումը** և շնորհակալություն հայտնեք: Հարկավոր է յուրաքանչյուր հարցաթերթիկի հետ մասնակցին տրամադրել նաև սոսնձվրդ (կնքվող) ծրար և խնդրել, որպեսզի նա հարցաթերթիկը լրացնելուց անմիջապես հետո տեղադրի ծրարի մեջ և փակցնի այն:*

Խնդրում ենք, յուրաքանչյուր մասնակցից հետո լրացրեք մատյանի ձեր նշելով համապատասխան հավաքագրման կողր մասնակցի համարի դիմաց:

Խնդրում ենք, յուրաքանչյուր որ լրացված հարցաթերթիկները փակցված ծրարների մեջ փոխանցել հետազոտող թիմին անմիջապես հարցումը ավարտելուց հետո:

Пособие для подбора пациентов

Набор пациентов должен проводится вне стоматологической клиники по близости ко входу непосредственно перед стоматологичим приемом.

Здравствуйте, меня зовут ——————(имя интервьюера). Факультет Общественного Здравохранения имени Трпанджян Американского Университета Армении (АУА) проводит исследование, целью которого является оценка опыта пациентов проходивших лечение в Ереванских стоматологических клиниках. С помощью нескольких кратких вопросов я бы хотела уточнить являетесь ли вы участником, в котором мы заинтересованы.

В случае согласия Вы должны задать участнику следующие проверочные вопросы:

1. Сколько Вам лет?

*(Если участнику **18 лет или более, продолжайте** интервью. **В обратном случае прервите интервью** и поблагодарите участника)*

 2. Проходили ли вы стоматологическое лечение в течении прошлого года?

*(В случае **положительного ответа продолжайте** интервью. **В обратном случае прервите интервью** и поблагодарите участника)*

*После подбора соответствующего участника ознакомте его с **Формой Информированного Согласия Пациента**(выберите соответствующий перевод)*

*Затем, в случае согласия участника продолжить интервью, пожалуйста **предъявите Опросный лист** (выберите соответствующий перевод) и попросите участника заполнить его. **В обратном случае прервите интервью** и поблагодарите участника)*

 Пожалуйста, с каждым опросным листом предъявите запечатывающийся конверт и попросите участника положить заполненный опросный лист в конверт и запечатать непосредственно после заполнения.

Пожалуйста, заполните Журнальную форму после каждого участника, указывая соответствующий код набора рядом с номером участника.

Пожалуйста, каждый день непосредственно после завершения интервью передайте запечатанные конверты с заполненными опросными листами студенту-исследователю.

Journal Form for Participants Recruitment

 Date: _____

Data collector ID: _____

Dental clinic ID: _____

Recruitment Result Codes

1. Eligible

2. Ineligible

3. Refusal

4. Other

Attempt	01	02	03	04	05	06	07	08	09	10	11	12	13
Result													

Attempt	14	15	16	17	18	19	20	21	22	23	24	25	26
Result													

Attempt	27	28	29	30	31	32	33	34	35	36	37	38	39
Result													

Բուժառուի հաշվառման մատյանի ձև

Ամսաթիվ : _____

Հարցազրուցավարի **ID:** _____

Կլինիկայի **ID:** _____

Բուժառուի հաշվառման արդյունք

1. Իրավասու
2. Ոչ իրավասու
3. Մերժում
4. Այլ

Փորձ	01	02	03	04	05	06	07	08	09	10	11	12	13
Արդյունք													

Փորձ	14	15	16	17	18	19	20	21	22	23	24	25	26
Արդյունք													

Փորձ	27	28	29	30	31	32	33	34	35	36	37	38	39
Արդյունք													

American University of Armenia

Turpanjian School of Public Health

Institutional Review Board #1

Oral Consent Form for Participants' Enrollment

Title of Research Project: Dental Care in Yerevan, Armenia: Assessing Quality and Patient Experience

Hello, my name is (the name of the data collector). This survey is part of a master's Thesis Project, this study is conducted by a student of the Turpanjian School of Public Health and guided by Professors of the American University of Armenia. The aim of the study is to assess Patient Experience among Yerevan's dental patients.

You are one of the 164 invited participants of the study because you are an adult living in Armenia and a patient of one of the randomly chosen dental clinics. It is onetime participation and we will not contact you again in the future. Your participation in this study is completely voluntary. Your decision to participate or refusal to do so will have no consequences on you, or on the services provided to you in this dental clinic.

The survey will be conducted using a self-administered questionnaire. The questionnaire you complete contains 50 questions about your experience as a dental patient and also asks a few questions about your demographic data. You may refuse to answer any of the questions or stop completing the questionnaire at any time. The information you provide will pose no risk for you and will not leave consequences on the services provided to you. However, your honest answers are very important for the research team and will be used for improving the quality of dental care in Armenia. The survey is completely anonymous, that is any identifiable information will not be recorded on the questionnaire

and will not appear in any presentation of the project. Only the research team can have access to the collected data and it will be used only for research purposes without revealing your identity. It will take approximately 15 minutes to complete the questionnaire.

If you have any question about this study you can contact Varduhi Petrosyan, the dean of Gerald and Patricia Turpanjian School of Public Health. (+374 60) 61 25 92. If you think that you have not been treated properly or you have been hurt by participating in this survey you can contact Varduhi Hayrumyan, the Human Protections Administrator of the American University of Armenia (+374 60)61 25 61.

Do you agree to participate? (YES or NO)

Thank you. If yes, shall we continue?

Հայաստանի ամերիկյան համալսարան

Թրփանճեան Հանրային առողջապահության ֆակուլտետ

Գիտահետազոտական էթիկայի թիվ 1 հանձնաժողով

Մասնակիցների ներառման բանավոր համաձայնության ձև

Հետազոտական ծրագրի վերնագիրը՝ Ստոմատոլոգիական ծառայությունը Երևանում. որակի և ստոմատոլոգիական բուժառունների փորձառության գնահատում

Բարև Ձեզ, իմ անունն է ....: Տվյալ հետազոտությունը կատարվում է Հայաստանի ամերիկյան համալսարանի (ՀԱՀ) Թրփանճեան Հանրային առողջապահության ֆակուլտետի ավարտական կուրսի ուսանողի կողմից մագիստրոսական թեզի շրջանակներում և համակարգվում է ՀԱՀ-ի պրոֆեսորների կողմից: Հետազոտության նպատակն է գնահատել Երևանի ստոմատոլոգիական կլինիկաներում բուժում ստացող բուժառունների փորձառությունը:

Դուք հրավիրված 164 մասնակիցներից մեկն եք, ով ընտրվել է հարցմանը մասնակցելու նպատակով, քանի որ չափահաս եք և բուժվում եք մեր կողմից պատահականության սկզբունքով ընտրված ստոմատոլոգիական կլինիկաներից մեկում: Ձեր մասնակցությունը կսահմանափակվի միայն մեկ հարցմամբ և հետագայում Ձեզ նորից չենք դիմելու: Ձեր մասնակցությունն այս հետազոտությանը լիովին կամավոր է: Ձեր մասնակցելու կամ մերժելու որոշումը որևէ բացասական հետևանք չի ունենա Ձեր կամ այս կլինիկայում Ձեզ տրամադրվող ծառայությունների վրա:

Հարցումը իրենից ներկայացնում է ինքնուրույն լրացվող հարցաշար: Այն բաղկացած է 50 հարցից, որոնք վերաբերում են Ձեր փորձին որպես ստոմատոլոգիական բուժառու, ինչպես նաև ժողովրդագրական տվյալներին: Դուք կարող եք հրաժարվել պատասխանելու հարցաշարի ցանկացած հարցի կամ ցանկացած պահի ընդհատել այն: Ձեր տրամադրած տվյալները որևէ բացասական հետևանք չեն ունենա Ձեր կամ Ձեզ տրամադրվող ծառայությունների վրա: Սակայն հետազոտող թիմը շատ կարևորում է Ձեր

պատասխանների անկեղծությունը և Ձեր տրամադրած տեղեկատվությունը կծառայի ի նպաստ Հայաստանում ստոմատոլոգիական ծառայության որակի բարձրացմանը: Հարցումը լինելու է ամբողջությամբ գաղտնի, ինչը նշանակում է, որ Ձեր ինքնությունը բացահայտող որևէ տվյալ չի գրանցվի հարցաթերթիկում և չի ներկայացվի ոչ մի զեկույցում: Հավաքված տվյալները հասանելի կլինեն միայն հետազոտական խմբին և կօգտագործվեն զուտ հետազոտական նպատակներով՝ առանց Ձեր ինքնությունը բացահայտելու: Հարցաշարը լրացնելու համար Ձեզանից կպահանջվի մոտ 15 րոպե:

Այս հետազոտության վերաբերյալ այլ հարցեր ունենալու դեպքում հետազայում կարող եք կապվել է Հայաստանի ամերիկյան համալսարանի Թրփանճեան Հանրային առողջապահության ֆակուլտետի դեկան՝ Վարդուհի Պետրոսյանին՝ (+374 60) 61 25 92 հեռախոսահամարով: Եթե Դուք կարծում եք, որ Ձեզ հետ անարդարացիորեն են վերաբերվել մասնակցության ընթացքում կամ մասնակցությունը Ձեզ վնաս է պատճառել, ապա կարող եք կապ հաստատել ՀԱՀ էթիկայի հանձնաժողովի համակարգող Վարդուհի Հայրումյանին՝ (+374 60) 61 25 61 հեռախոսահամարով:

Համաձա՞յն եք մասնակցել («այո» կամ «ոչ»):

Շնորհակալություն: Եթե այո, կարո՞ղ ենք սկսել

89

Американкий Университет Армении

Факультет Общественного Здравохранения имени Трпанджян

Комитет по Этике #1 при АУА

Форма Информированного Согласия Пациента

Наименование Исследования: Стомалогическая Служба в Ереване; Оценка Качества и Опыта Пациента.

Здравствуйте, мое имя…………... Данное исследование проводится в рамках дипломной работы студента Факультета Общественного Здравохранения имени Трпанджян и координируется профессорами Американского Университета Армении (АУА). Цель исследования заключается в оценке опыта пациентов проходивших лечение в Ереванских стоматологических клиниках.

Вы один из приглашенных 164 участников, которые отобраны для участия в исследовании, поскольку являетесь совершеннолетним и проходите лечение в одной из случайно выбранных нами стоматологических клиник. Ваше участие разовое, впоследствии мы не будем Вас беспокоить. Ваше решение принять участие или отказаться не повлечет никаких нежелательных последствий для Вас и Вашего дальнейшего лечения.

Опросный лист предназначен для самостоятельного заполнения. Он состоит из 50 вопросов относительно опыта стоматологического пациента и демографической информации. Вы имеете право отказаться ответить на любой из вопросов или прервать заполнение опросного листа в любое время. Предоставленная Вами информация не будет представлять для Вас риска и не будет иметь нежелательных последствий для Вас и Вашего дальнейшего лечения. Однако Ваши откровенные ответы очень важны для исследовательской группы и будут использованы для улучшения качества стоматологических услуг в Армении.   Ваше участие полностью анонимно,что означает что никакая идентифицируемая информация не будет указана в опросном листе или в презентации данного исследования. Предоставленная Вами информация будет доступна только исследовательской группе и будет использована только в научных целях, не раскрывая вашей личности. Заполнение опросного листа займет приблизительно 15 минут.

Если у Вас возникнут вопросы относительно данного исследования, Вы можете созвониться с деканом Факультета Общественного Здравохранения имени Трпанджян Вардуи Петросян по номеру (+374 60) 61 25 92. Если Вы считаете, что с Вами поступили не порядочно или данное

участие Вам навредило, Вы можете устоновить связь с администратором научно-исследовательской Комиссии по Этике –Вардуи Айрумян по номеру (+374 60) 612561.

Согласны ли Вы на участие? (Да или Нет).

Благодарю.

Если согласны, можно ли продолжить?