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Original Article

Evaluation of Patient Experiences and Perceived Hospital Facilities in the Oral and Maxillofacial Surgery Department: A Single-Center Cross-Sectional Study

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ABSTRACT:

Background: Equitable access to healthcare facilities is a core principle of primary healthcare, and patient satisfaction has become central to evaluating service quality. Oral and maxillofacial conditions significantly affect quality of life, and the quality of hospital facilities, staff behavior, and service provision directly influence patient experience. **Objective:** To evaluate patient experiences and assess the perceived hospital facilities, including clinical, physical, and support services, in the Oral and Maxillofacial Surgery Department of Dhaka Dental College and Hospital. **Materials and methods:** A descriptive cross-sectional study was conducted from January to December 2018 in the inpatient wards of the OMFS Department. A total 55 admitted patients and their attendants, who provided written consent, were selected through convenient sampling. Data were collected by a pretested, semi-structured, interviewer-administered questionnaire covering demographic information and perceived clinical, physical, and support facilities. **Results:** Participants had a mean age of 39.6±16.9 years. The average hospital stay was 15.3±9.8 days. Most patients reported daily doctor visits (65.5%) and courteous staff behavior (98.2%). All respondents confirmed adequate lighting and airflow, and 100% reported ward cleanliness, although only 67.3% found toilets clean. Investigations were not prioritized for 85.5% of patients, and only 14.5% received consistent pre- and post-operative meals. Overall, 43.8% of facilities were rated good, 25.0% moderate, and 31.2% poor, highlighting gaps in clinical and support services. **Conclusion:** While basic infrastructure and staff conduct in the OMFS Department were satisfactory, deficiencies in clinical support, investigation prioritization, and perioperative services exist.

Keywords: *patient experiences, perceived facilities, oral & maxillofacial surgery department, Bangladesh.*

INTRODUCTION

A fundamental guiding principle of the primary healthcare concept was an equitable distribution of healthcare facilities, which was advocated by the World Health Organization (WHO) and United Nations Children's Fund (UNICEF).[1] Globally, oral illnesses exhibit notable regional variances and severity of distribution. They have a significant and costly impact on people and communities in terms of pain and suffering, decreased quality of life, and functional impairment. Despite their preventable nature and reliable scientific advancements, they continue to be major public health issues.[2,3,4] Because dental treatment is becoming more patient-centered, patients' experiences receiving care and their level of satisfaction are being given more consideration. High standards of professional behavior among dentists must be encouraged by the profession.[5] Oral and Maxillofacial Surgery (OMS) involves a wide range of procedures for diagnosing and managing diseases, injuries, and congenital conditions of the oral and facial regions. The department functions within a multidisciplinary framework, collaborating with other dental specialties to ensure comprehensive care. Patients form initial impressions of a hospital based on its environment, workforce, and services, which are further shaped by the attitude and behavior of doctors, nurses, and staff. Hospital ratings and recommendations largely depend on the quality of care, surgical processes, cleanliness, and staff responsiveness.[6]

The In-Patient Department (IPD) exposes patients to numerous factors that shape their satisfaction with a hospital, including admission processes, length of stay, and demographic influences such as age, sex, and socio-economic status.[7] In contrast, the Out-Patient Department (OPD) serves as the first point of contact, where patients

form brief impressions based on factors like waiting times, staff behavior, and doctor availability.[8-10] IPD patients, however, have more time to assess the hospital comprehensively, considering clinical and service facilities, equipment, staff attitude and responsiveness, administration, cleanliness, and environment.[11,12] Their evaluations are particularly thorough when comparing care after transfer from the intensive care unit, encompassing personal care, nursing, ward environment, and overall recovery. [9,10,13]

Facilities should enable caregivers to focus on patient care, making inpatient departments both patient- and staff-centered.[14] Well-designed and managed hospitals can boost patients' confidence and staff morale, whereas poorly maintained wards may negatively affect both, including patients' perception of their own health.[15,16] A well-designed hospital environment not only boosts patient confidence but also supports recovery.[13,17] In dentistry, patient satisfaction highlights a center's strengths and weaknesses, guiding improvements in planning and care quality. Measuring patient satisfaction has become essential for assessing overall healthcare standards, and dental hospital leaders must understand the factors influencing it to provide optimal treatment.[5.9,10]

Evaluating the facilities of the OMS Department is essential, as the availability and quality of infrastructure, equipment, and patient-centered services directly influence treatment outcomes and patient satisfaction. In Bangladesh, where the burden of oral and maxillofacial conditions is considerable, limited studies have explored the adequacy of such facilities in tertiary-level dental institutions. Dhaka Dental College and Hospital, being the country's only specialized dental college hospital, plays a pivotal role in providing advanced surgical care, training, and research. Therefore, an assessment of its facilities is necessary to identify existing strengths and gaps, which may help in planning future improvements and ensuring high-quality, patient-centered oral healthcare.

MATERIALS AND METHODS

A descriptive cross-sectional design was employed from January to December 2018 in the inpatient wards of the OMFS Department. The study aimed to evaluate patient experiences and assess the perceived hospital facilities; including clinical, physical, and support services in the OMFS Department of Dhaka Dental College and Hospital. The study population comprised patients admitted for at least 24 hours along with their attendants, all of whom provided written consent. Patients who were unable to communicate or whose attendants were non-cooperative due to severe illness were excluded. Using convenient sampling, a total of 55 participants were included, limited by time and resource constraints.Data were collected through a pretested, semi-structured, interviewer-administered questionnaire. The questionnaire covered demographic information and patient-reported hospital facilities, including clinical, physical, and support services. Face-to-face interviews were conducted while maintaining privacy, and questionnaires were checked daily for completeness and consistency.

We categorized the facilities as Good (>75%), Moderate (50-75%), and Poor (<50%) based on the patient-reported percentages and then summarize the frequencies and percentages for each category. An overall 'Level of Facilities' score by combining clinical, physical, and support facilities into a single quantitative score for the OMS department.

Collected data were entered into IBM SPSS Version 23 (New York, USA) and analyzed using descriptive statistics, including frequency, percentage, mean, and standard deviation. Study findings are presented using tables, graphs, and statistical summaries to provide a clear overview of patient experiences and facility availability in the OMFS department.

All participants were provided with detailed information regarding the study objectives, procedures, and the confidentiality of their responses. Written informed consent was obtained prior to data collection. The study was validated by the Institutional Review Board (IRB) of the National Institute of Preventive and Social Medicine (NIPSOM), Dhaka 1212, Bangladesh. [Reference: NIPSOM/IRB/2018/471]

RESULTS

Table 1 presents the socio-demographic characteristics of the 55 respondents. The mean age was 39.6 years (±16.9), with the largest proportion (40.0%) aged 21–40 years, indicating that most patients were young to middle-aged adults. Females comprised a majority of the sample (58.2%), signifying a slightly higher utilization of services by women in the OMFS department. Regarding education, 36.5% of respondents had completed secondary education, while 25.5% had no formal education, highlighting a moderate literacy level among the patients. Most respondents were homemakers (34.5%) or involved in business (27.3%), reflecting a diverse occupational background. In terms of economic status, nearly half of the respondents (49.1%) had a monthly family income below BDT 15,000, with a mean income of BDT 20,245.2 (±10,236.1), indicating that a substantial proportion of patients belonged to low- to middle-income groups.

Table 1: Respondent's socio-demographic characteristics (n=55)

Variables	Frequency (n)	Percent (%)
Age (in years)		
≤20	09	16.4
21-40	22	40.0
41-60	17	30.9
>60	07	12.7
Mean±SD		39.6±16.9
Gender		
Female	32	58.2
Male	23	41.8
Educational level		
No formal education	14	25.5
Primary and below	11	20.0
Secondary and below	20	36.5
Higher secondary and below	09	16.3
Occupation		
Homemakers	19	34.5
Business	15	27.3
Day laborer	09	16.4
Services	08	14.5
Others	04	7.3
Average monthly family income (Taka)		
<15,000	27	49.1
15,001-25,000	18	32.7
>25,000	10	18.2
Mean±SD		20,245.2±10,236.1

Table 2 summarizes the clinical facilities and patient experiences in the OMFS department as reported by the respondents. The average duration of hospital stay was 15.3 days (±9.8), with most patients staying fewer than 20 days, indicating relatively short-term inpatient care. Nearly all patients (98.2%) first accessed the hospital via the outpatient department, and the majority (80.0%) did not require assistance from hospital staff, reflecting patient independence in navigation. Admission waiting times varied, with 60% waiting two or more days, and the mean waiting time was 3.4 days (±4.9), suggesting moderate delays in admission.

Table 2: Clinical facilities identified by the respondents (n=55)

Variables	Frequency (n)	Percent (%)
Stay in indoor (in days)		
<10	19	34.5
10-19	18	32.7
20-29	14	25.5
>=30	4	7.3
Mean±SD		15.3± 9.8
Entry of the hospital (Dept. where respondent went first)		
Emergency	1	1.8
Outdoor	54	98.2
Assistance taken from		
Hospital staffs	11	20.0
Not taken	44	80.0
Waiting time (in days) to get admitted		
<2	22	40
≥2	33	60
Mean ± SD		3.4 ± 4.9
Doctors' visits everyday		
No	19	34.5
Yes	36	65.5
Daily number of doctors' visits (n=36)		
1-2 times	32	88.9
3-4 times	4	11.1
Doctors attend during emergencies		
No	1	1.8
Yes	1	1.8
I have not faced any emergency yet	53	96.4
Understandable explanation by doctors		
No	2	3.6
Yes	46	83.6
Disease has not been diagnosed yet	7	12.7
Nurses remind to take medicine		
No	9	16.4
Yes	12	21.8
I don't need reminder	34	61.8
Visitors stay after visiting time		
Yes	50	90.9
Anyone has not attended me yet	5	9.1
Respondent had surgery at first pre-scheduled date		
No	7	12.7
Yes	4	7.3
My operation date is yet to decide	44	80.0
Staffs treat with courtesy and respect		
No	1	1.8
Yes	54	98.2
Staffs listen to respondent's attentively		
No	5	9.1
Yes	50	90.9

Regarding medical care, 65.5% of patients reported daily doctor visits, mostly 1–2 times per day (88.9%). Almost all patients had not faced an emergency (96.4%), and 83.6% found doctors' explanations understandable, although 12.7% reported their disease had not yet been diagnosed. Medication management and visitor policies showed variation: 21.8% received reminders from nurses, while 61.8% did not require them, and 90.9% reported visitors staying beyond designated hours. Surgical scheduling was largely pending, with 80% waiting a confirmed operation date, and only 7.3% had surgery as initially scheduled. Patient-staff interactions were largely positive, with 98.2% reporting courteous treatment and 90.9% noting attentive listening by staff.

Table 3: Physical, support and utility facilities assessed by the respondents (n=55)

Variables	Frequency (n)	Percent (%)
Light in indoor		
Yes	55	100
Air in indoor		
Yes	55	100
Noise in indoor (n=11)		
Noise of patients of pain	7	63.6
Noise of visitors talking loudly	2	18.2
Noise of staffs working in ward	2	18.2
Investigation priority in indoor		
No	47	85.5
Investigation has not been advised yet	8	14.5
Recommended to do investigation outside		
No	12	21.8
Yes	36	65.5
Any investigation has not been advised yet	7	12.7
Same meal given pre-and post-operatively		
Yes	8	14.5
I have not been operated yet	47	85.5
Cleanliness of indoor		
Yes	55	100
Cleanliness of toilets in indoor		
No	18	32.7
Yes	37	67.3

Table 3 presents respondents' assessments of physical, support, and utility facilities in the OMFS department. All patients (100%) reported adequate lighting and ventilation in the indoor areas, reflecting a well-maintained basic infrastructure. Noise disturbances were primarily due to patients in pain (63.6%), with visitors and staff contributing equally (18.2% each), indicating that patient-related factors are the main source of noise. Investigative services were largely not prioritized, as 85.5% of respondents indicated investigations were not given priority, and 65.5% were advised to undergo tests outside the hospital. Only a small proportion (14.5%) received the same meals pre- and post-operatively, while most patients (85.5%) had not yet undergone surgery, limiting conclusions on meal services. Cleanliness of the ward was reported as satisfactory by all respondents (100%), but toilet hygiene was less consistent, with 32.7% finding it unsatisfactory.

In the figure 1, the assessment of perceived hospital facilities in the OMFS Department showed that 43.8% of the evaluated variables were rated as good, indicating that nearly half of the facilities were

satisfactory according to patient feedback. About 25.0% of variables were considered moderate, reflecting areas that are acceptable but have room for improvement. Remarkably, 31.2% of variables were rated as poor, highlighting significant gaps in certain clinical, physical, or support services.

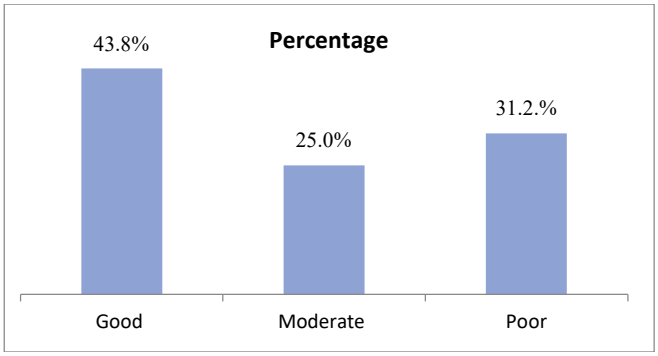

Figure 1: Level of perceived hospital facilities in OMFS Department (n=55)

DISCUSSION

This study assessed socio-demographics, clinical, physical, and support facilities, and their impact on patient experiences in the OMFS Department of Dhaka Dental College and Hospital. Key factors included patient satisfaction, hospital stay, doctor visits, emergency care, and environment, with areas identified for improvement. Most respondents were aged 21-30 years (23.6%), with a mean age of 39.6 years (SD ±16.9), aligning with previous Bangladeshi studies.14,15,18,19 Gender distribution was 33% female and 67% male, similar to earlier findings, and most patients were from Dhaka, followed by Chattogram, consistent with prior reports.[16]

Among 55 respondents, 34.5% stayed fewer than 10 days and 7.3% stayed over 29 days, with a mean of 15.3 days (SD ±9.8), shorter than the 29.8 days reported in the 2017 Dhaka Dental College bulletin.20 Most patients (98.2%) entered via the outpatient department, 80% needed admission assistance, and 60% waited two or more days, with an average waiting time of 3.4 days (SD ±4.9), consistent with previous findings that longer waits affect patient satisfaction.[19,21] Daily doctor visits were reported by 65.5% of respondents, mostly 1-2 times per day, aligning with prior surveys. Significant associations were found between hospital stay and doctor visits and between waiting time and doctor visits ($p<0.05$).[19,22]

Almost all respondents (96.4%) did not require emergency care, contrasting with national data where 11% experienced delays. Most (83.6%) were satisfied with doctors' explanations, consistent with prior hospital surveys.16,23 The majority (61.8%) did not need nurse reminders, and 90.9% reported visitors overstaying beyond visiting hours. Regarding surgeries, 12.7% experienced delays but were informed, aligning with Dhaka Dental College reports.20 Patient satisfaction was high, with 98.2% satisfied with staff respect and 90.9% with attentiveness, supporting findings that courteous staff interactions enhance patient satisfaction.[22,24]

The study found that 85.5% of respondents did not receive priority for investigations, and 65.5% were advised to undergo tests outside the hospital. About 53% felt hospital meals were insufficient. All respondents confirmed adequate lighting and ventilation, 83.6% reported minimal noise disturbance, and daily cleaning was observed.[19,25-28] Overall, 43.8% of facility variables were rated good, 25% moderate, and 31.2% poor, indicating room for improvement in clinical, physical, and support services.

The study highlights factors affecting patient satisfaction in the OMFS department and recommends improving admissions, staff training, facilities, emergency protocols, and communication. Prioritizing investigations and streamlining patient-staff interactions are also suggested.[29,30] Limitations include small sample size and single-center design; future multi-center studies with objective care measures are recommended.

CONCLUSION

The study revealed that patient experiences in the OMFS Department of Dhaka Dental College and Hospital were generally positive in terms of basic infrastructure, staff behavior, and cleanliness of indoor facilities. Nearly half of the evaluated hospital facilities were perceived as good, while a quarter was moderate and about one-third were rated poor, indicating notable gaps in clinical services, support systems, and certain physical facilities. Patients reported satisfactory lighting and airflow, respectful staff interactions, and overall cleanliness, but issues such as delayed investigations, inconsistent meal provision, noise disturbances, and toilet cleanliness were identified as areas requiring attention. The findings suggest that while essential services are available, improvements are needed to enhance patient satisfaction and optimize inpatient care.

RECOMMENDATIONS

Efforts should focus on improving investigation services, ensuring timely surgery scheduling, enhancing toilet cleanliness, and maintaining consistent perioperative care. Regular monitoring of patient feedback, staff training on patient-centered care, and upgrading clinical and support facilities are recommended to enhance overall patient satisfaction and service quality in the OMFS Department.

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DATA AVAILABILITY STATEMENT: The data presented in this study are available on reasonable request from the corresponding author

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