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The Perceptions of Palestinian Fresh Graduate Dentists on the Dentist-Patient
Relationship

انطباعات خريجي طب الأسنان الفلسطينيين الجدد حول العلاقة بين طبيب الأسنان والمريض

Prepared By:

Ghassan Jabareen

Supervised By:

Suhail Sultan, Ph.D.

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Prepared By: Ghassan Kamal Jabareen

Supervised By: Suhail Sultan, Ph.D.

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- | | | |
|----------|----------------|-----------------------|
| التوقيع: | د. سهيل سلطان | 1. رئيس لجنة المناقشة |
| التوقيع: | د. حسين جبارين | 2. ممتحنًا داخليًا |
| التوقيع: | د. فارس مجاهد | 3. ممتحنًا خارجيًا |

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Dedication

To My honorable parents,

For their abundant support,

To my lovely wife and children

For their patience and understanding,

And for their love

To my brothers and sisters

To my colleagues and friends

To martyrs and detainees

To the Freedom Speakers and believers in the world

To my people

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

" وَقُلْ رَبِّ زِدْنِي عِلْمًا " صدق الله العظيم – آية 114 – سورة طه

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Abbreviations and Operational Definitions

ADA	American Dental Association
DPR	Dentist – Patient Relationship
FDI	World Dental Federation
Fresh Dentist	The dentist with five years of experience from graduation. This definition was derived from the interview with the head of the Palestinian Dental Association (PDA), The Oral Department Head at the MoH, and the dentistry experts who shared knowledge of this thesis.
MoH	Ministry of Health - Palestine
PCBS	Palestinian Central Bureau of Statistics
PDA	Palestinian Dental Association

Abstract

Effective communication is fundamental to delivering quality patient care in all aspects of healthcare. Possessing clinical expertise alone may not ensure satisfactory outcomes if genuine communication is lacking. This study aimed to evaluate recently graduated Palestinian dentists' knowledge levels and perceptions regarding the importance and methods of effective communication in patient interactions. A cross-sectional descriptive study was conducted, distributing questionnaires to all Palestinian dentists who graduated between 2018 and 2023 (1261 dentists), yielding 243 complete responses (19.2%).

The questionnaire, adapted from a previously published study with modifications by experts, consisted of three parts. The first part focused on four dimensions of the Dentist-Patient Relationship (DPR) with 33 questions, the second part addressed DPR and trust with six questions, and the final part comprised qualitative open-ended questions.

Data analysis was conducted using SPSS version 26.0. The findings revealed both positive and negative aspects of fresh Palestinian dentists' perceptions. Notably, 62% of dentists had not participated in any communication courses, highlighting a potential deficiency. Additionally, 59% acknowledged a low level of knowledge regarding healthy dentist-patient relationships, with 88% experiencing difficulties in patient communication.

The study identified a direct correlation between DPR dimensions (communication, empathic behavior, understanding patient traits, and managing stressful situations) and trust. Female dentists tended to perceive DPR more professionally than males, and graduates from local universities had a more favorable perception of DPR dimensions compared to those from abroad.

These findings underscore the importance of offering communication courses and techniques for fresh dentists, particularly during their internship period. It suggests a need for the Ministry of Health (MoH) and the Palestinian Dental Association (PDA) to play a more active role in designing effective communication training programs for new dentists.

Keywords: DPR, Perception, Communication and Quality, Fresh Dentist, Palestine.

ملخص الدراسة

يعد الاتصال الفعال ضرورة قصوى من أجل نقل الرعاية بالمريض إلى جودة أعلى في كل المجالات الصحية ، وامتلاك الخبرة السريرية وحدها لا يكفي للخروج بنتائج مرضية اذا ما كان هناك نقص وضعف في مهارات الاتصال والتواصل الحقيقية . هدفت هذه الدراسة إلى تقييم مستويات المعرفة والإدراك المتعلقة بأهمية وطرق التواصل الفعال مع المرضى وذلك بالنسبة لأطباء الأسنان حديثي التخرج في الضفة الغربية، ولتحقيق أهداف الدراسة ، تم توزيع استبيان متطور ومعدل على كل أطباء الأسنان الخريجين منذ عام 2018 ولغاية 2023 في الضفة الغربية ، وكان عددهم 1261 طبيب - استجاب منهم 243 طبيب وكانت نسبة الاستجابة 19.2% .

خلصت الدراسة إلى أن 62% من أطباء الأسنان حديثي التخرج لم ينخرطوا في أي مساقات تدريبية وتعليمية متخصصة بمهارات الاتصال والتواصل بعد الجامعة ، ولكن بالمقابل 59% يقرون بامتلاكهم درجة قليلة من مهارات الاتصال والتواصل التي يجب أن يكونوا على تمكّن كبير منها، وأيضاً بالمجمل فإن 88% من الأطباء واجهوا مشاكل مباشرة ومتعلقة بالاتصال والتواصل مع المرضى الخاصين بهم.

أوضحت النتائج بأن محددات علاقة طبيب الأسنان مع مريضه وهي (التواصل ، السلوك العاطفي ، فهم صفات المريض ، وإدارة الأوقات الصعبة) ترتبط بشكل مباشر وإيجابي مع معدل الثقة فيما بينهم وبالتالي على طبيعة الخطة العلاجية المقدمة له.

وأوضحت النتائج أيضاً بأن طبيبات الأسنان حديثات التخرج تميل إلى إدراك أهمية العلاقة مع المريض بشكل أكبر وأكثر احترافية من الأطباء الذكور، في حين أن الأطباء الخريجين من الجامعات المحلية أفضل في إدراك أهمية العلاقة مع المريض من الذين تخرجوا من جامعات من خارج البلاد.

خلصت هذه الدراسة إلى عدة توصيات ، أبرزها ضرورة تعديل وتحديث البرامج الأكاديمية والمقررات الخاصة بمهارات الاتصال والتواصل لأطباء الأسنان ، وأيضاً إلى ضرورة لعب وزارة الصحة الفلسطينية ونقابة أطباء الأسنان دوراً أكثر حيوية في تصميم برامج تدريبية مخصصة ومتطورة في مجالات الاتصال والتواصل لأطباء الأسنان الجدد.

الكلمات المفتاحية : علاقة طبيب الأسنان والمريض، الإنطباعات ، الاتصال والتواصل، طبيب أسنان حديث التخرج، فلسطين.

Chapter One: Introduction

This introductory chapter overviews the primary perceptions of fresh Palestinian dentists on the dentist-patient relationship. It shows the problem statement, research questions, objectives, hypothesis, and significance. It also shows the status of understanding the primary skills and techniques required from the new dentists from their perspective to highlight the supposed perception.

1.1 Overview

1.2 Problem Statement

1.3 Research Questions

1.4 Research Objectives

1.5 Research Hypotheses

1.6 Research Significance

1.7 Scope and Limitations of the Research

1.1 Overview:

The dentist-patient relationship holds a crucial role alongside the field of dentistry, shaping the provision of oral healthcare and influencing patients' overall treatment experiences. For fresh graduate dentists, entering the professional world can be exciting and challenging as they navigate the intricacies of dental practice, including establishing and nurturing effective relationships with their patients. Understanding the perceptions of Palestinian fresh graduate dentists regarding the dentist-patient relationship is essential for identifying areas of improvement, enhancing patient satisfaction, and ultimately promoting better oral healthcare outcomes in the Palestinian context.

The ultimate goal of dentistry, like medicine in general, is the continuous improvement of populations' health and well-being. To do so, dentists should improve their competencies in research, preventive measures, and treatment techniques, underpinned by enhanced communication and patient-relation skills, to provide high-quality patient-centered care (FDI, 2017).

Communication between the dentist and the patient is an essential dimension of performance to achieve quality patient services. In healthcare professions, especially in dentistry, developing a good practitioner-patient relationship has been considered a necessary attribute of the professional skills to be learned by dentists. Dental care has historically been characterized as generating more fear and anxiety than other forms of health care; indeed, patients' anxiety is usually mentioned as a contributing factor to low-quality oral health. Consequently, it is crucial to consider how dentists should act towards patients to establish rapport in the delivery of dental care. As a result of interpersonal and communication skills, the use of psychosocial and behavioral principles of effective communication with individuals from various patient

populations, including those culturally different from the practitioners, are considered essential competencies for the general dentist (Orsini & Jerez, 2014).

The key concept in a sound dentist-patient interaction is communication. Although communication with patients may be seen as a simple exchange of information, this human relationship has a variety of complex elements such as informed choice, patient education, motivation, adherence, emotional exchange, and relationship building. Dentists' positive attitudes, communication skills, and information-giving behavior are intimately related to patients' quality assessment and satisfaction with the care provided (Yamalik, 2005c).

Trust is the foundation of a successful patient-dentist relationship and serves the patient in conditions of vulnerability, risk, and uncertainty. Trust is a complex and dynamic relationship between patient and dentist that is continuously being challenged by changing demands in society, availability of information through the internet, rapid technological advances, and changes in health care systems and institutions. (Hartshorne & Hartshorne, 2022)

The trust between a dentist and a patient is vital in establishing a strong and lasting relationship. It's built on a foundation of open communication, empathy, and professional expertise. When patients trust their dentist, they feel more comfortable discussing their dental concerns, fears, and expectations. The dentist, in turn, listens attentively, providing reassurance and addressing any uncertainties. This trust enables the dentist to develop a personalized treatment plan tailored to the patient's needs, ensuring optimal oral health outcomes. The patient feels confident in the dentist's skills and judgment, allowing for a cooperative and collaborative approach to dental care. With trust as the guiding principle, the dentist-patient relationship thrives, fostering a sense of security and confidence in maintaining long-term dental well-being.

This thesis aims to address the existing knowledge gap by exploring and analyzing the perceptions of Palestinian fresh graduate dentists on the dentist-patient relationship. This study

seeks to uncover the attitudes, experiences, and expectations of fresh graduate dentists in Palestine through quantitative research methods, including interviews and surveys. Doing so aims to provide evidence-based recommendations for enhancing the dentist-patient relationship, promoting patient-centered care, and ultimately improving oral healthcare delivery in the Palestinian context.

1.2 Problem Statement:

While there is considerable development of the new techniques employed to enhance dentists' performance, there is great importance in guaranteeing effective communication. Information exchange between dentists and their patients is essential for quality dentist services regarding trust and adherence.

Developing communication skills can help the dentist to build trust, security, and respect in the patient during the therapeutic process; as a result of effective communication, it can be expected that the patient will be more motivated to follow the prescriptions and thus, he/ she will have a better chance of successful treatment. On the contrary, failure to achieve good patient management will result in poor patient cooperation and potential treatment failure (Avramova N., 2021).

The dentist-patient relationship forms a cornerstone of effective dental care delivery, encompassing crucial elements such as communication, trust, and satisfaction, which are missing somehow in the fresh Palestinian dentists. In Palestine, where the healthcare landscape is influenced by unique socio-cultural factors and evolving healthcare systems, understanding how freshly graduated dentists perceive and navigate this relationship is paramount. Through an effective focus group and observation of the researcher in many dental centers, we could say that despite its pivotal role in treatment outcomes and patient well-being, there remains a dearth

of comprehensive research examining the perceptions of Palestinian fresh graduate dentists regarding the dentist-patient relationship (upon the pre-interview with the PDA head),

Despite the recognized significance of the dentist-patient relationship in providing high-quality dental care, there is limited research investigating the perceptions of Palestinian fresh graduate dentists regarding this crucial aspect. Understanding their perspectives and insights is crucial for identifying potential gaps and areas for improvement in the dentist-patient relationship within the Palestinian context. Therefore, there is a need to explore and assess the perceptions of Palestinian fresh graduate dentists concerning the dentist-patient relationship to enhance the quality of dental care and patient satisfaction in this region.

This thesis aims to address this gap by delving into the intricate layers of this relationship from the perspective of these dentists, shedding light on potential challenges, cultural influences, and communication barriers that may impact their interactions with patients. By uncovering these perceptions, the research aspires to offer insights that could contribute to enhancing dental education curricula, professional training, and, ultimately, the overall quality of dental care provided to Palestinian patients.

1.3 Research Questions:

To achieve the purpose of this study, the research work tries to answer the following main questions:

- 1- To what extent do Palestinian fresh graduate dentists perceive the importance of the dentist-patient relationship in providing effective dental care?
- 2- What are the key factors influencing the establishment of a positive dentist-patient relationship according to the perceptions of Palestinian fresh graduate dentists?

- 3- To what extent does communication contribute to the positive dentist-patient relationship?
- 4- To what extent do Palestinian fresh graduate dentists perceive the role of empathy in the dentist-patient relationship, and how do these perceptions influence their practice?
- 5- To what extent do Palestinian fresh graduate dentists view the impact of the dentist-patient relationship on treatment adherence, trust, and patient satisfaction?

1.4 Research Objectives:

The research aims to find out the main perceptions of fresh dentists about the dentist-patient relationship through the following specific objectives:

- 1- Measuring the awareness and recognition of the significance of the dentist-patient relationship among Palestinian fresh graduate dentists.
- 2- Examining the overall perceptions of Palestinian fresh graduate dentists regarding the dentist-patient relationship.
- 3- Exploring the factors that influence the dentist-patient relationship as perceived by Palestinian fresh graduate dentists.
- 4- Assessing the importance given by Palestinian fresh graduate dentists to various aspects of the dentist-patient relationship, such as communication, trust, empathy, and shared decision-making.
- 5- Measuring the degree of trust between the dentist and the patient will indicate a comfortable, useful, and suitable treatment plan.
- 6- To track potential changes or shifts in the perceptions of the dentist-patient relationship as Palestinian fresh graduate dentists.

1.5 Research Hypotheses:

- ❖ H1: There is a significant association between the DPR dimensions and Trust.

- ❖ H2: Dentists perceive the four DPR dimensions differently based on gender.
- ❖ H3: Dentists perceive the four DPR dimensions differently based on the country of graduation.

1.6 Research Significance:

- **Enhancing Dental Care Quality:** Understanding the perceptions of fresh graduate dentists regarding the dentist-patient relationship can provide valuable insights for improving the quality of dental care in Palestine. By identifying areas of strength and areas that need improvement, appropriate strategies can be developed to enhance the dentist-patient relationship, leading to better patient experiences and improved oral health outcomes (Theoretical)
- **Tailoring Dental Education and Training:** The findings of this research can inform dental education programs and training initiatives by highlighting specific aspects of the dentist-patient relationship that fresh graduate dentists perceive as crucial. This can help curriculum developers and educators incorporate relevant training modules and practical experiences that focus on developing effective communication, empathy, and patient-centered care skills among dental students (Practical).
- **Patient Satisfaction and Trust:** A positive dentist-patient relationship contributes to increased patient satisfaction and trust. By exploring the perceptions of fresh graduate dentists, this research can identify specific elements of the dentist-patient relationship that significantly impact patient satisfaction and trust. This knowledge can be used to guide dental practitioners in fostering stronger connections with their patients, leading to improved patient outcomes and increased patient loyalty (Practical).
- **Policy and Practice Implications:** The findings of this research can have implications for dental practice guidelines and policies. By identifying potential challenges or barriers in the dentist-patient relationship, policymakers and dental organizations can

develop guidelines and initiatives to address these issues effectively. This can contribute to the development of patient-centered policies and practices that prioritize effective communication, patient engagement, and quality dental care delivery. (Theoretical)

The research on the perceptions of Palestinian fresh graduate dentists regarding the dentist-patient relationship holds significant importance in improving dental care, enhancing dental education, respecting cultural nuances, promoting patient satisfaction and trust, and influencing policies and practices within the Palestinian dental healthcare system.

Overall, this research contributes to the growing body of knowledge on the dentist-patient relationship, with specific attention given to the perspectives of fresh graduate dentists in Palestine. By identifying potential areas for improvement, this study strives to enhance the overall quality of dental care, leading to improved patient satisfaction, better oral health outcomes, and a more patient-centered approach to dentistry in Palestine.

1.7 Scope and Limitations of the research:

- The Time Scope: The research was conducted from Dec.1.2022 to Oct.1.2023.
- The Place Scope: The research was conducted within the 11 Palestinian Governorates in the West Bank.
- The Human Scope: The research aimed to cover all West Bank dentists who graduated from 2018 to 2023 (1261 dentists, according to P.D.A).

Chapter Two: Literature Review

This chapter reviews the existing literature on dentists' perceptions regarding the dentist-patient relationship. The review aims to identify key themes, theories, and gaps in the current knowledge, which will help guide the subsequent chapters of this thesis. By examining previous research in this area, we can better understand the factors influencing the dentist-patient relationship and the unique context of Palestinian dentistry.

The chapter discusses the following topics:

2.1 Dentist-Patient Relationship:

- 2.1.1 What is the dentist-patient relationship?
- 2.1.2 What factors influence the dentist-patient relationship?
- 2.1.3 What is the importance of the dentist-patient relationship?
- 2.1.4 Trust coherence with the dentist-patient relationship.

2.2 Communication:

- 2.2.1 Communication styles.
- 2.2.2 Communication and Quality Care.

2.3 Perception:

- 2.3.1 What is Perception?
- 2.3.2 What are the factors influencing perception?
- 2.3.3 What is the importance of perception?

2.1 Dentist-Patient Relationship:

The dentist-patient relationship is crucial to dental care, emphasizing trust, communication, and mutual understanding. As patients seek dental treatment, they place their oral health in the hands of skilled professionals. Dentists, in turn, strive to provide exceptional dental expertise and compassionate care. This relationship is built upon open dialogue, where patients can freely express their concerns, fears, and expectations while dentists offer reassurance, empathy, and clear explanations. By fostering a supportive environment, dentists can alleviate anxieties and promote a sense of comfort during dental visits. Through effective communication and active listening, dentists comprehensively understand their patients' needs, enabling them to tailor treatment plans accordingly. Moreover, dentists' commitment to ethical practices and patient confidentiality further strengthens the bond of trust between them and their patients. Ultimately, the dentist-patient relationship is a symbiotic partnership, where dentists play a pivotal role in maintaining oral health while patients actively participate in their dental care journey.

2.1.1 What is the Dentist-Patient Relationship?

Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow, and convey a range of emotions through facial expressions with confidence and without pain, discomfort, and disease of the craniofacial complex (head, face, and oral cavity).

Oral health means the health of the mouth. No matter what your age, oral health is vital to general health and well-being (FDI,2017).

According to the American Dental Association (ADA,2021), the dentist-patient relationship is a professional relationship built on trust, respect, and communication. The ADA sets ethical guidelines and standards for dentists to ensure patients' highest quality of care.

The foundation of dentistry lies in the dentist-patient relationship, a vital partnership that relies on trust and confidence. This delicate alliance plays a pivotal role, as dentistry as a profession depends on the support and encouragement of its regulatory authority.

The dental profession holds a unique position of trust within the community, and the ideal dentist-patient relationship should be founded upon trust, honesty, delivering exceptional and suitable care, and prioritizing the patient's safety and well-being (Ustrell-Torrent et al., 2021).

The foundation of the doctor-patient relationship, including the dentist-patient relationship, rests on a continuous, transparent, and trustworthy conversation, along with the sharing of information and expertise (Hawkins, 2010).

Dentist – Patient Relationship appears to “cover (nearly) all aspects of care” and has the role of increasing “the quality of care and patient satisfaction” (Yamalik, 2005a)

The key to achieving success in dentistry lies in the dentist-patient relationship. The quality of interaction between the dentist and patient is a crucial factor that greatly influences patient satisfaction and plays a significant role in dental anxiety. The dental experience holds substantial importance in the lives of the majority of individuals (Rekha, 2012). To sum up, The dentist-patient relationship refers to the dynamic connection between a dentist and an individual seeking dental care. It encompasses the professional interaction, trust, and communication established between the two parties. The relationship is built on mutual respect, understanding, and collaboration, with the dentist providing expert oral healthcare services while considering the patient's needs, preferences, and concerns. The dentist-patient relationship plays a crucial role in promoting open dialogue, informed decision-making, and personalized care, ultimately aiming to enhance the patient's oral health, well-being, and satisfaction with their dental experience.

2.1.2 What factors influence the Dentist-Patient Relationship?

2.1.2.1: Communication

Communication is fundamental in establishing a successful connection between a dentist and their patient. While it may be perceived as a mere transfer of information, this interpersonal bond encompasses several intricate aspects, including the provision of informed choices, educating the patient, fostering motivation, ensuring compliance, facilitating emotional exchanges, and nurturing a strong rapport. (Yamalík, 205c)

Effective communication lies at the core of every aspect of patient care. Merely possessing clinical skills and expertise may not be sufficient to guarantee high-quality care and patient satisfaction if genuine communication is lacking. (Yamalík, 2005c)

In today's modern society, patients have certain expectations from their dentists that go beyond simply performing treatment procedures with expertise. They also anticipate dentists to possess excellent communication skills and provide a personalized approach to their care. (Avramova N., 2021)

The importance and therapeutic value of doctor-patient communication have been highlighted since the time of Hippocratic medicine. To facilitate effective communication, doctors encourage patients to express their reasons for seeking medical attention, along with any symptoms, thoughts, feelings, and expectations they may have, to understand their condition. Research in this area indicates that factors such as equality, mutual trust, empathy, respect, honesty, acceptance, and warmth are crucial elements for achieving successful doctor-patient communication. (Adamou & Dardavessis, 2019)

In addition to possessing technical skills, the effectiveness of dental care relies on the behavioral patterns of both the dentist and the patient, as well as their interactions with each other. Communication plays a pivotal role in this interaction, serving as a crucial concept. Patient

satisfaction and the delivery of quality care are closely tied to the dentist's positive attitude and effective communication skills. Dentists must prioritize viewing patients as individuals and engage in genuine communication with them. (Yamalik, 2005c)

Insufficient interpersonal communication appears to be the primary cause of most patient grievances. Simultaneously, it creates a source of stress for dentists as the challenging patient syndrome primarily arises from an imbalance in this dynamic. Both parties concur on the significance of reciprocal communication and the dentist's verbal and non-verbal communication patterns as vital attributes of an exemplary dental practitioner. (Yamalik, 2005c)

2.1.2.2: Empathic Behavior:

Hojat et al. defined empathy as a cognitive attribute that involves an understanding of another person's inner experiences and perspectives combined with a capacity to communicate this understanding (Hoskin et al., 2017).

When examining the literature on health communication, it is crucial to recognize that empathy is not an ambiguous or intangible notion. Instead, empirical evidence supports it, demonstrating neurobiological alterations corresponding to observable, positive social behavior. (Jones & Huggins, 2014). As consumerism becomes increasingly prevalent in the field of dentistry, patients seek a dentist who prioritizes their needs and emphasizes a person-centered approach rather than one who displays traits of exerting high physician control. Dentists who adopt a "person-focused" approach tend to place a stronger emphasis on patient care and are consequently more accessible and approachable. (Kadanakuppe, 2015)

Effective communication relies on the essential concept of empathy. Empathy can be defined as the capacity to envision and understand the experiences and emotions of another individual. Without empathy, our interactions with others become unidirectional, leading to challenges in

building relationships as we become indifferent to the feelings and emotions of those around us (Kadanakuppe, 2015).

This approach is also referred to as comprehensive patient care or psychosocial care. The close connection between the care provider's affirmation and the patient's self-perception emphasizes the importance of maintaining dignity in caregiving. An empathetic dentist possesses the ability to understand and acknowledge their patient's emotions, offering them the necessary emotional support. When a patient expresses feeling down due to social ridicule about their bad breath or misaligned teeth, an empathetic dentist can respond by saying, "I understand your feelings. Let's work together to identify the issues with your teeth and find a treatment option that suits you best." This type of response immediately fosters a sense of unity and collaboration with the patient. Empathy also plays a vital role in upholding the patient's dignity and preserving their individuality. (Kadanakuppe, 2015)

Dentists need to promote patient involvement in decision-making and assess their readiness and capacity to adhere to the treatment plan. Whenever necessary, dentists should offer resources and support to patients. Involving patients in the decision-making process regarding their oral health treatment shares the responsibility equally and promotes better compliance. This approach fosters a stronger dentist-patient relationship and cultivates a compassionate culture within the dental hospital environment (Patel & Goyena, 2019).

In the context of the dentist-patient dynamic, empathy takes on an intriguing aspect. While empathy is typically discussed in terms of the person exhibiting it (the dentist) using empirical measures, the crucial aspect in the therapeutic relationship between dentist and patient is not whether empathy is demonstrated but rather whether the person experiencing negative emotions (the patient) perceives empathy within the relationship. In other words, the patient must believe that they are receiving an empathetic response from the dentist. Although other individuals may

be involved in a dental appointment, such as support persons for the patient or the dental team for the dentist, this paper will concentrate on the core dyad of dental treatment and the literature that employs empathy to elucidate outcomes. (Jones & Huggins, 2014)

2.1.2.3: Understanding the Patient Traits (Customization)

Understanding the patient's traits and preferences is crucial for dentists in providing effective and customized care. Each patient possesses unique characteristics that can greatly influence their dental experiences and treatment outcomes. Dentists must delve beyond the physical examination and establish a rapport to comprehend the patient's fears, anxieties, and expectations. Dentists can gather valuable insights into a patient's past experiences, dental history, and personal preferences by actively listening and empathizing, enabling them to tailor their approach accordingly. This customization may encompass communication style, pain management techniques, and treatment plans that align with the patient's needs. By comprehensively understanding the patient's traits, dentists can foster trust, enhance patient satisfaction, and deliver optimal oral healthcare that prioritizes both physical and emotional well-being. (FDI,2022).

In the realm of communication for dentists, a critical aspect involves understanding patients' diverse traits and characteristics, as these factors significantly influence the effectiveness of the communication process. Patients exhibit a wide spectrum of traits, including varying levels of health literacy, cultural backgrounds, communication preferences, and emotional states. Recognizing and appreciating these individual differences is paramount for dentists to tailor their communication strategies appropriately. For instance, adapting language complexity to match a patient's health literacy level ensures that information is conveyed accurately and comprehensibly. Cultural competence becomes crucial in acknowledging and respecting diverse cultural norms and expectations, fostering a more inclusive and patient-centered care environment. Additionally, recognizing and addressing patients' emotional needs and anxieties

can enhance trust and cooperation. This thesis aims to delve into the nuanced landscape of patient traits, exploring their impact on communication dynamics in dental settings. By gaining insights into these patient-specific attributes, dentists can refine their communication approaches, thereby fostering stronger patient relationships and contributing to improved overall oral health outcomes. (FDI, 2021)

2.1.2.4 Managing Stressful Situations.

Using technologies to manage stressful situations has significantly fostered a robust dentist-patient relationship. Dentistry can be an anxiety-inducing experience for many individuals, but with the integration of innovative technologies, dentists can alleviate patient stress and enhance their overall experience. Techniques such as virtual reality, which offer immersive and distracting environments, can help patients relax during dental procedures. Additionally, advanced communication tools like video consultations or patient portals enable dentists to address patient concerns and provide guidance remotely, reducing anxiety associated with in-person visits. By leveraging these technologies, dentists can create a more comfortable and reassuring environment, ultimately building trust and strengthening the dentist-patient relationship. Patients feel understood, cared for, and confident in their dentist's ability to manage their dental needs while prioritizing their emotional well-being. (FDI,2020)

The field of dentistry is constantly evolving and becoming increasingly innovative in various ways. The wide range of emerging digital technologies in the workflow of dental practices positively influences the quality of dental care and the satisfaction of patients. The continuous advancements in dentistry contribute to improved patient experiences and overall dental care standards (Sharab et al., 2022).

Dentistry is recognized as one of the most advanced domains in the medical field due to its constant technological advancements. In recent years, digital enhancements have yielded

numerous benefits for both clinicians and patients. These advantages include shorter working times, decreased expenses, and improved efficiency in delivering dental services. The continuous evolution of technologies in dentistry has significantly transformed the industry, providing a more streamlined and effective approach to oral healthcare (Tallarico, 2020).

2.1.3 What is the importance of the dentist-patient relationship?

In the realm of modern dentistry, one aspect stands out as the cornerstone of successful dental practice: the dentist-patient relationship. As oral health professionals, dentists diagnose and treat dental issues and assume the role of caregivers, educators, and confidants for their patients. The bond forged between dentists and their patients transcends beyond the conventional provider-patient dynamic, profoundly influencing the overall dental experience and treatment outcomes. This pivotal relationship encompasses effective communication, empathy, trust, and mutual respect, creating an environment that fosters patient satisfaction, compliance, and overall oral health well-being. This thesis seeks to delve into the significance of the dentist-patient relationship, its impact on dental practice, and its role in promoting the highest standards of oral healthcare. By comprehensively examining various factors influencing this relationship, we aim to shed light on how its nurturing can elevate dental care to new heights, benefiting both patients and dental practitioners alike (FDI).

There is substantial evidence indicating that effective interpersonal communication between healthcare providers and patients results in improved therapeutic results, stronger doctor-patient rapport, increased patient compliance with medical advice, greater satisfaction for both patients and doctors, reduced medical professional burnout, and fewer treatment errors (Woelber et al., 2012).

In the current scenario, effective communication plays a vital role in fostering a stronger bond between doctors and patients. Particularly for elderly individuals with missing teeth, requiring

comprehensive denture treatment or full mouth rehabilitation, the doctor needs to elucidate the treatment plan through skillful communication. Such an approach can have a profound psychological impact, encouraging patient cooperation and engagement throughout treatment (Hatmode et al., 2022).

All surveyed groups (dentists, patients, and students) recognize the significance of communicative competence in a dentist's practice. Skillful communication has the potential to motivate patients to maintain regular dental visits, leading to improved and satisfactory outcomes.(Hatmode et al., 2022)

Providing dental students with skills-based communication training is crucial for their readiness in clinical practice. Equipping them with these skills enables them to address patient anxiety effectively, recognize ethical dilemmas, and identify pertinent psychosocial factors, resulting in more accurate diagnoses and treatments, ultimately enhancing patient satisfaction and safety. Proficiency in communication is vital for efficiently gathering and conveying information, utilizing active listening abilities, managing patient emotions with sensitivity, and demonstrating empathy, rapport, ethical awareness, and professionalism. Students who possess strong communication skills tend to exhibit positive attitudes toward learning communication skills. In contrast, those lacking such skills tend to harbor negative attitudes toward the same training (Sabika Saeed H.S.; Al Muraikhi, Khalid Esmael M. E. Rahimi; Fatima Jassim M.H Albaker, 2020).

2.1.4 Trust coherence with the dentist-patient relationship.

Trust, in its essence, is an intricate blend of beliefs and expectations, encompassing both emotional and cognitive aspects. As a moral cornerstone, it plays a pivotal role in fostering strong relationships, especially in healthcare. For health professionals, trust is a shared moral value and an indispensable requirement in their practice. While it is involved in numerous aspects of healthcare, particular emphasis is placed on the trust patients bestow upon their healthcare providers (Yamalík, 2005b).

In healthcare, few bonds are as critical as the relationship between a dentist and their patient. This dynamic alliance is the foundation for successful oral health outcomes. Central to this rapport is the element of trust, a multifaceted and profound aspect that permeates every aspect of the dentist-patient relationship. Trust coherence encompasses not only the patient's faith in the dentist's clinical expertise but also extends to the dentist's confidence in understanding the patient's needs and aspirations. This intricate interplay of trust forms a cohesive union that significantly influences treatment outcomes, patient satisfaction, and adherence to oral health regimens. Consequently, exploring the dimensions of trust coherence within the dentist-patient relationship is essential to unraveling the intricacies of effective dental care delivery. This thesis endeavors to delve into the significance of trust in dental practice, examining its impact on patient outcomes, the formation of a therapeutic alliance, and cultivating a patient-centered treatment approach. By critically analyzing the factors contributing to trust coherence, we aim to shed light on its pivotal role in fostering a successful and gratifying dentist-patient relationship (ADA,2020).

Trust holds a significant position in the medical domain as it forms an essential component of the social contract between healthcare practitioners and their patients, creating a collaborative partnership in the care process. Demonstrating respect for patient autonomy and the trust patients place in their healthcare providers is of utmost importance due to its far-reaching

impacts on health outcomes, fostering effective partnerships, promoting adherence to treatment plans, alleviating anxiety, and enhancing overall health status and patient satisfaction. Conversely, a decline in trust leads to diminished patient and provider satisfaction, resulting in poor patient adherence and an increased likelihood of litigation. This crucial element of trust extends beyond physicians and is equally vital for other healthcare providers involved in medical care, such as nurses. For vulnerable patients, particularly children, establishing trust and integrity in care assumes even greater significance, ensuring a foundation of safety and confidence in their healthcare journey. (Yamalick, 2005b)

The significance of building trust has long been a fundamental factor in establishing a successful physician-patient connection. Research from focus groups has consistently highlighted that trust often serves as the defining element in a patient's relationship with healthcare providers, including physicians. This principle holds in dentistry, much like in medicine at large, where a lack of trust can impede patients from seeking care, resulting in reduced patient satisfaction, heightened anxiety, poorer adherence to professional advice, and diminished chances of achieving favorable patient outcomes. Ultimately, the level of patient trust hinges upon the effectiveness of dentist-patient communication. Kirshner advocates that all communication should foster trust rather than endanger it, as this is pivotal in forming a positive and meaningful dentist-patient relationship. (Armfield et al., 2017)

Dentistry takes great pride in emphasizing trust as a fundamental principle of the profession. As previously mentioned, this trust is the cornerstone of the relationship, often referred to as the 'social contract,' between the dental profession and the public. A significant level of respect, esteem, confidence, and reliance on the dental field characterizes this bond. Beyond just competence, dentists' professional standing and independence hinge on ethical values related to patient care, the profession's moral considerations, and the trust placed in the profession.⁴ (Yamalick, 2005b)

The dental profession's commitment to upholding elevated professional and ethical standards and their strong determination to fulfill their responsibilities exemplify dentistry's immense importance on these privileges (FDI,2021).

Moreover, the relationship between a dentist and their patient represents a meaningful and productive partnership, and any disruption to this connection can have consequences for the quality and efficiency of care. Trust is the foundation for success in clinical practice, underscoring its vital role in the interpersonal dynamic between dentists and their patients (Doyal L, 2013).

Thirdly, trust plays a pivotal role in numerous facets of the dental field, including patient adherence to treatment plans, the effective utilization of available services, the encouragement of compliance with preventive care measures, and the promotion of patient engagement in research initiatives. Beyond clinical competence, patients highly value dentists who exhibit trustworthy behavior. Establishing a relationship built on trust and collaboration empowers dentists to provide optimal treatment, deliver high-quality oral healthcare, and uphold their patients' autonomy. Furthermore, trust constitutes a significant element of professional camaraderie, ethical conduct, and the importance of respecting colleagues. Dentists are professionally and ethically obligated to establish respectful relationships and consistently demonstrate honesty and trustworthiness in all their interactions (Doyal L, 2013; R J Wiebe, 2020).

Within a moral partnership like the dentist-patient relationship, it is vital to exhibit reverence for patients' feelings, express compassion, sustain transparency, and uphold truthfulness. The act of sharing information, engaging patients in the decision-making process, and adhering to honesty all play a role in fostering trust. Patients highly appreciate healthcare professionals who offer concise, precise, and genuine information while upholding their integrity and

maintaining open lines of communication. Conversely, misleading patients, making inflated commitments, taking advantage of their trust, or participating in unethical associations erodes caregiving's ethical foundations (FDI, 2017).

Moreover, it is of utmost importance to furnish patients with truthful and precise details regarding all financial aspects, safeguarding against any interference from commercial considerations that might undermine the trusting rapport within this association. Honesty in this collaborative endeavor extends to the responsive handling of patient grievances and the avoidance of concealing errors. Encouraging mutual interests, confirming patients' understanding, steadily nurturing trust through incremental stages, seizing opportunities to fortify trust, reducing imbalances in power, advocating for the continuity of the partnership, and pursuing ongoing enhancements in quality represent effective strategies for cultivating and preserving patients' trust (Thom, D., & Campbell, 2017)(Dorr Goold S, 2019).

Preserving the trust of individual patients remains a fundamental requirement within the field of dentistry, but equally significant is the obligation to maintain the overall public trust in the dental profession. Upholding the recognized and embraced professional and ethical principles of dentistry plays a pivotal role in safeguarding this trust. Consequently, dentists are expected to contribute positively to the profession's reputation, abstain from actions that could undermine public confidence, prioritize the community's best interests, and honor their commitments to the public. Furthermore, trust in healthcare providers extends beyond individuals to encompass trust in institutions and systemic factors. It is equally crucial to grasp the societal importance of trust and to identify potential obstacles in preserving or enhancing that trust, both on an organizational and individual level. Healthcare providers are encouraged to employ suitable tools for gauging patients' trust or distrust, concentrate on improving their relationships with patients, and implement effective strategies to augment patient trust. (Dorr Goold S, 2019)

The trust between healthcare providers and patients is a reciprocal bond. Patients invest their trust in healthcare providers, anticipating qualities like honesty, dependability, and proficiency, as the absence of this trust can lead to ethical and practical ramifications. Conversely, the effectiveness of healthcare delivery relies on patients actively participating, sharing information, following treatment plans, and offering feedback on their health progress (Rogers W. A, 2022).

The foundation of a reliable clinician-patient relationship relies on mutual respect for healthcare providers, coupled with transparency and truthfulness. As a result, dentists naturally expect candid, thorough, and precise information from their patients regarding their complete health history, past treatments, and financial capabilities. While shifts in healthcare practices may affect the relationship between healthcare providers and their patients, potentially influencing patient trust, any erosion of trust is considered unacceptable. Ensuring the continued trustworthiness of the connection between healthcare providers and patients necessitates further protection (DiMatteo, M. R., McBride, C. A., Shugars, D. A., & O'Neil, 2015).

In healthcare, dentistry must give paramount importance to preserving the fundamental tenets of providing oral healthcare, the essence of the dentist-patient connection, and the reputation and status of both the dental profession and its practitioners. Hence, there is a critical need to consistently uphold the public's and patients' trust (Yamalick, 2005b).

2.2 Communication:

2.2.1 Communication Styles:

In the dentist-patient relationship, various communication styles can be employed to facilitate effective and meaningful interactions between dentists and their patients. Some common communication styles include:

- 1 **Informative Communication:** Dentists provide clear and detailed information about the patient's oral health condition, treatment options, and procedures. They act as educators, ensuring patients are well-informed to make informed decisions about their oral care.
- 2 **Empathetic Communication:** Dentists show genuine concern for the patient's feelings, fears, and emotions related to dental treatment. They actively listen to the patient's concerns, acknowledge their emotions, and offer reassurance and support.
- 3 **Participatory Communication:** Dentists involve the patient in the decision-making process regarding their treatment. They encourage open discussions, consider the patient's preferences, and collaborate on developing a personalized treatment plan.
- 4 **Patient-Centered Communication:** Dentists focus on the individual needs and preferences of the patient. They tailor their communication and treatment approach to ensure the patient feels valued and respected throughout the dental experience.
- 5 **Motivational Communication:** Dentists inspire and encourage patients to take charge of their oral health by adopting healthier habits and following recommended treatments. They use positive reinforcement to motivate patients to maintain good oral hygiene practices.
- 6 **Transparent Communication:** Dentists maintain open and honest communication with the patient about the treatment process, including potential risks and benefits. They address any concerns or questions the patient may have, promoting trust and understanding.

- 7 Non-verbal Communication: Besides verbal communication, non-verbal cues such as body language, eye contact, and facial expressions play a significant role in the dentist-patient relationship. Dentists who maintain attentive and positive non-verbal cues can help patients feel more comfortable and at ease during dental visits.

Dentists need to be adaptable and capable of adjusting their communication style to best suit each patient's unique needs and preferences. Effective communication helps build trust, reduces anxiety, and enhances the overall dental experience for patients. (FDI 2021, ADA)

2.2.1 Communication and Quality Care:

Beyond their technical expertise, the success of dental care hinges on the interpersonal dynamics between the dentist and the patient and their exchanges. Communication is a central element in this interaction. The level of patient contentment and the standard of care are intricately tied to the dentist's positive disposition and communication skills. Hence, dentists must prioritize recognizing the individuality of each patient and engaging in authentic communication with them (Yamalick, 2005c).

Communication serves as the cornerstone of creating a robust dentist-patient connection. Although it may seem like a simple exchange of information, this human interaction encompasses many complex elements, such as informed decision-making, patient education, encouragement, compliance, emotional bonding, and establishing a connection. The dentist's optimistic demeanor, adept communication abilities, and informative style substantially impact how patients gauge the quality of care and their overall contentment with the treatment they receive (Lahti, S., Tuutti, H., Hausen, H., & Käärlänen, 2016; Sarnat, H., Arad, P., Hanauer, D., & Shohami, 2021).

The primary source of many patient grievances seems to stem from shortcomings in the interpersonal communication process. Furthermore, this deficiency burdens dentists, as the

emergence of the 'difficult' patient syndrome frequently results from an imbalance in this connection. Both parties agree on the importance of reciprocal communication and acknowledge that dentists' verbal and non-verbal communication conduct plays a pivotal role in defining an 'ideal' dentist (Lahti, S., Tuutti, H., Hausen, H., & Käärlänen, 2016; Schouten, B., Hoogstraten, J., & Eijkman, 2022).

The cornerstone of all patient care lies in effective communication. Relying solely on clinical competence may not guarantee quality care and patient satisfaction without genuine communication. Communication skills encompass outward behavior and internal aspects, such as self-awareness, empathy, and self-reflection, which dentists must be attentive to during their interactions with patients. Developing these skills may not necessarily occur through years of practice, underscoring the importance of education on communication skills for all healthcare providers, especially those involved in specialized areas (e.g., specific branches or pediatric care). This educational focus should clearly define communication skills and their connection to social barriers (e.g., stress, lack of support systems, characteristics of healthcare settings). Instead of relying on informal self-assessment, dentists should have the means to evaluate their communication skills using appropriate tools and subsequently enhance their communication behavior (Yamalik, 2005c).

Historically, communication in dental practice was limited, with patients rarely participating in treatment decisions. Nevertheless, today, patients increasingly desire to actively engage in the decision-making process and anticipate dentists to furnish them with more thorough information to enable informed choices (Sondell, K., Söderfeldt, B., & Palmqvist, 2022).

Patients are also looking for increased opportunities to ask questions and have conversations about their oral health issues. They expect their requests and complaints to be taken more seriously. Dentists are required to respond to legitimate patient requests, and effective

communication can assist them in gaining a better understanding of and addressing patients' preferences and requirements. This entails comprehending patients' values and unique situations, building a cooperative partnership, encouraging active patient involvement in decision-making, reducing conflicts, and displaying a genuine concern for patients. All of these aspects demand a substantial amount of time spent in conversation (Karydis, A., Komboli-Kodovazeniti, M., Hatzigeorgiou, D., & Panis, 2021; Newsome, P. R., & Wright, 2019).

Efficient interaction and communication play a pivotal role in improving treatment outcomes, enabling dentists to offer high-quality information, comfort, attentive care, positive reinforcement, and moral support. This, in turn, results in more frequent dental visits, fewer patient grievances, and enhanced treatment effectiveness. Failing to establish a constructive partnership between the dentist and the patient can have detrimental effects on the quality of care. The intricacies of this relationship can be influenced by various factors, including the dentist's training, working conditions, chosen role, the communication and coping skills of the patients, and the clarity of communication in terms of literal content (e.g., tone of voice, word selection, subtleties). Ensuring easy accessibility to the dentist and encouraging patients to openly share information, discuss their concerns, and feel comfortable during communication is imperative. Recognizing individual personality differences, preserving the unique nature of this relationship, and equitably treating both parties can help mitigate potential disruptions in this interaction (Freeman R., 2019; Theaker, E. D., Kay, E. J., & Gill, 2020).

Furthermore, the treatment outcomes for dental anxiety can be affected by feelings of inadequacy and social embarrassment, which are linked to how dentists and patients perceive communication. Effective communication also increases compliance, patient education, and more effective preventive efforts. To achieve this, dentists should steer clear of using complex terminology and overwhelming messages. Instead, they should set achievable goals, provide regular reinforcement, offer clear instructions, exhibit non-judgmental and non-threatening

behavior, and deliver messages effectively. Such an approach, centered on the patient, can empower them to assume greater responsibility for their oral health (Abrahamsson, K. H., Berggren, U., Hakeberg, M., & Carlsson, 2019).

In the contemporary landscape, dentists must also consider patients' growing concerns regarding various aspects of their oral health-related quality of life, encompassing psychological, functional, and aesthetic dimensions. Additionally, they must be attuned to the culturally sensitive attitudes of healthcare providers and the potential willingness of patients to adopt new communication methods. Amidst the substantial transformations in the healthcare sector, interpersonal elements like kindness, approachability, attentiveness, and empathy remain fundamental components of positive dentist-patient interaction and high-quality care. Consequently, dentists must persist in recognizing the individuality of their patients and should never overlook the human and psychological aspects of caregiving (Yamalik, 2005c).

2.3 Perception:

2.3.1 Definition of Perception?

Numerous individuals believe that perception is a complex and elusive concept to articulate precisely, yet this doesn't imply that it cannot be delineated. Several experts have attempted to define perception. Huffman characterizes perception as the process of choosing, arranging, and comprehending sensory input. Santrock describes it as the interpretation of sensed stimuli, while Moskowitz and Orgel argue that perception is a holistic reaction to a stimulus or a group of stimuli. Considering these definitions, perception can be understood as the response to stimuli, and these responses are subsequently interpreted to extract meaningful information about the stimuli. (Huffman et al., 2009).

As per Akande, perception refers to the cognitive impression formed about "reality," subsequently influencing an individual's actions and behavior towards the object in question. This implies that one's perception of something as positive or negative depends on one's emotional response when encountering the object. Since perception is shaped by subjectivity and past experiences, not everyone will have the same perception of particular things, even if they observe the same object. Mouly supports this idea, stating that two individuals observing the same phenomenon may perceive entirely different aspects. This highlights the interconnectedness between perception and experience, as our response to learning and experiencing the environment is influenced by our perceptions. (Huffman et al., 2009)

Perception, in general terms, refers to the process of recognizing, interpreting, and organizing sensory information from the environment. It involves how individuals make sense of the world around them through their senses, such as sight, hearing, taste, touch, and smell (FDI).

2.3.2 Factors Influencing Perception

According to the organizational theory, Gibson presents a diagram illustrating the perceptual process, which involves six factors that impact an individual's perception.

Stereotype refers to generalizing a set of thoughts about a specific group to all its members. It implies that people hold preconceived notions in their minds, even if they are unsure about their accuracy.

Selectivity: According to Gibson et al., people tend to disregard information or cues that cause discomfort. Our selection of stimuli influences perception, often favoring those that align with our preferences and interests.

Self-concept: How individuals view themselves (self-concept) affects their perception of the environment. A clear understanding of self-concept enables accurate perception. Students' attitudes are shaped based on stimuli, leading to likes and dislikes regarding certain things.

Situation: Time constraints can lead people to rush through tasks, paying less attention to factors that might impact outcomes. This can result in careless decision-making and an incomplete understanding of problems.

Need: Perceptions are significantly influenced by personal needs and desires. People tend to perceive and engage with things that fulfill their wants, such as choosing teaching techniques that suit learners' needs and expectations.

Emotion: Emotions strongly influence perception, as they can distort how we perceive things. Past experiences shape present perceptions, and positive emotions can lead to favorable perceptions, like a student having a positive perception of a class due to a kind and effective teacher.

In summary, these six factors interact to shape an individual's perception of the world around them. Understanding how these factors influence perception is essential in various contexts, including organizational settings and educational environments. (Huffman et al., 2009)

2.3.3 Importance Perception?

The significance of dentist perceptions extends to various aspects of their professional practice and patient care, influencing:

- 1 Patient Communication and Trust: How dentists interact with patients is influenced by their perceptions. A dentist who comprehends and shows empathy toward patients' concerns and fears fosters trust and rapport, improving patient cooperation and treatment adherence.
- 2 Diagnostic Accuracy: Dentist perceptions are pivotal in precisely diagnosing dental issues. Dentists can offer accurate diagnoses and develop effective treatment plans by carefully interpreting patients' symptoms and clinical findings.
- 3 Treatment Planning: Dentists' perceptions of patient needs and preferences shape their approach to treatment planning. Considering individual patient factors, a dentist can create customized treatment options to meet specific requirements and expectations.
- 4 Patient Experience: Dentist perceptions impact the overall patient experience during dental visits. An attentive, respectful, and empathetic dentist contributes to a positive and comfortable patient experience.
- 5 Pain Management: Dentist perceptions concerning patient pain and discomfort are crucial in providing effective pain management. Properly addressing and managing pain during dental procedures is essential for patient well-being and satisfaction.
- 6 Professional Development: Dentist perceptions of their skills and competencies drive their pursuit of continuous professional growth. Recognizing the importance of staying

updated with the latest advancements enables dentists to deliver high-quality and up-to-date dental care.

- 7 **Dental Practice Management:** Dentist perceptions influence how they manage their dental practice. A dentist who understands the importance of efficient systems, staff training, and patient-centered care can run a thriving practice.
- 8 **Patient Education:** Dentists' perceptions influence their approach to patient education. Understanding patients' knowledge levels and concerns enables dentists to provide relevant and understandable information, empowering patients to manage their oral health.
- 9 **Ethical Decision-Making:** Dentist perceptions of ethical considerations guide their decision-making process. Prioritizing patient well-being and adhering to professional standards are outcomes of ethical perceptions.
- 10 **Community Relations:** Dentist perceptions can contribute to their involvement in community oral health initiatives and public awareness campaigns. Dentists who recognize the importance of giving back to the community participate in outreach programs and promote oral health awareness. (FDI, 2021)

Chapter Three: Methodology

This chapter describes the methodology used to explore the perception of fresh Palestinian dentists on their relationship with patients. It displays the research setting, design, population and sampling, method, data collection, and analysis. The study work method is explored in detail, and ethical considerations are elaborated.

3.1 Research Setting and Palestinian Status.

3.2 Conceptual Framework.

3.3 Research Design.

3.4 Research Population and Sampling.

3.5 Research Method.

3.6 Data Collection Procedure.

3.7 Data Analysis.

3.8 Ethical Considerations.

3.1 Research Setting and Palestinian Status.

The research was conducted in the West Bank. According to the PCBS, the population of West Bank in 2023 is 3,256,906 inhabitants distributed in 11 governorates. Table 1 in the Appendices shows the governorates of the West Bank district and the population density of those governorates with the number of dentists in each governorate.

The evolution of healthcare services in Palestine, including dentistry, has gone through historical stages based on unstable politics. The expected regulated market of this service is challenging to achieve due to less background and unstable political and social circumstances.

In Palestine, five universities teach dentistry to their students; two are in Gaza, and three are in the West Bank; according to the P.D. Statistics, there are 6442 dentists in Palestine, 4592 in the West Bank, and 1850 in Gaza. There are 67 governmental dental clinics in Palestine, these clinics only employ 86 dentists. The rest of dentists work in the private sector.

In a developing country, it's common for markets to work in imperfect conditions, so the competitive advantages are in chaos. Therefore, performance could be a question in terms of good management practices.

3.2 Conceptual Framework.

The thesis tests a conceptual framework derived through The DPR dimensions and their relations with the Trust taking into consideration the Gender and the Graduation country of the dentist, so the researcher could build the two variables of the thesis as follows:

The Dependent Variable: The Trust.

The Independent Variable: The DPR Dimensions and they are as mentioned: the Communication, Empathic Behavior, Understanding the Patient Traits and Managing the stressful situation.

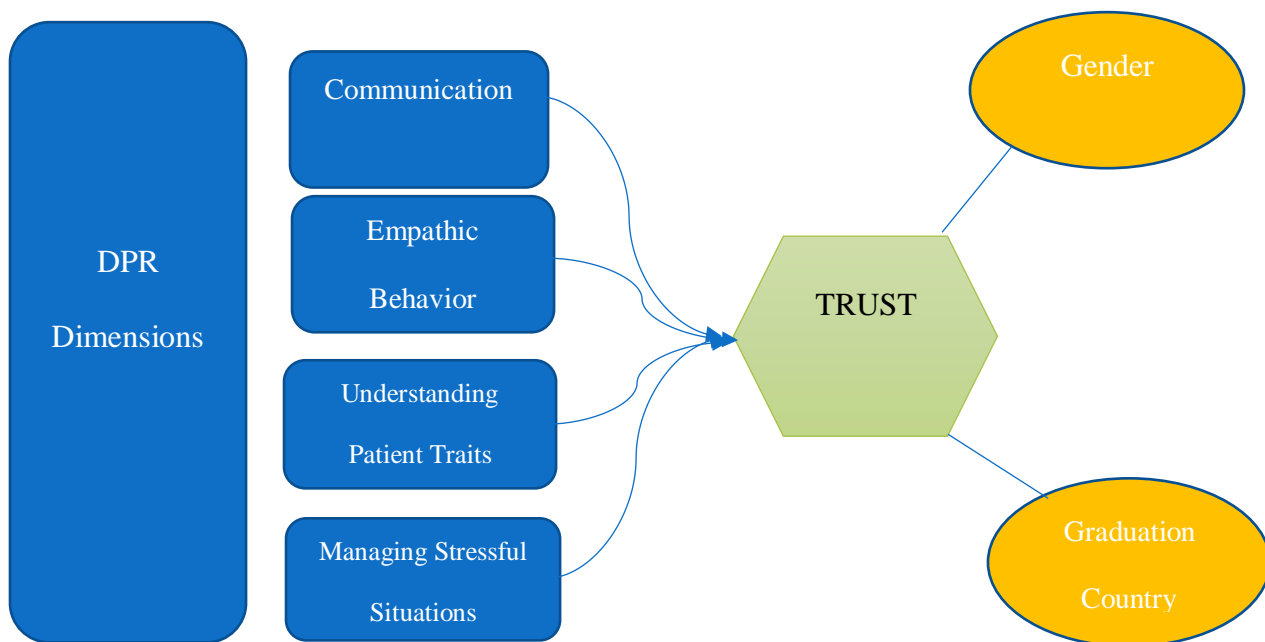


Figure 1 : Conceptual Framework

3.3 Research Design.

A quantitative descriptive survey was used in this research to describe the perception of the fresh Palestinian dentists on their relationship with the patients according to the level of communication they have, empathic behavior, understanding with the patients, managing the stressful situations, and coherence of these factors with the trust and the treatment plan offered to patients. The questionnaire was extracted from the study of Orsini, Cesar & Jerez, and Oscar (2014). According to PDA, the data was collected through fresh dentists in the West Bank with less than five years of experience (graduated from 2018 till 2023).

3.4 Research Population and Sampling.

The study population consists of all licensed dentists registered in the Palestinian Dental Association (PDA) and Ministry of Health (MoH) in the West Bank who graduated from 2018 to 2023. According to the (PDA) records, 1261 dentists were licensed and registered in West Bank in that period, and Table 2 in the appendices shows their governates as the PDA records.

For the sample size, using the sample size calculator, the researcher could reach the whole population through an online questionnaire and could reach 243 fully answered questionnaires with a percentage of 19 % of the entire population.

3.5 Research Method.

This thesis employs a questionnaire from Orsini, Cesar & Jerez, Oscar. (2014), and it's shown in the appendix. Then, the questionnaire was evaluated by several experts and scholars who gave their opinions and comments,

The questionnaire consisted of four parts as follows.

- A. Demographical and Personal Data:** This part comprises the participants' age, sex, year of graduation, place of residence, place of work, university of graduation, and current workplace.
- B. DPR Dimensions** included questions about four main dimensions: Communication with twelve Questions, Empathic Behavior with nine questions; understanding the patient traits with six questions, and managing stressful situations with six questions.
- C. DPR & the Trust,** with direct six questions about that.
- D. Qualitative and diversified open-ended questions** ask whether the dentist has had communication courses either in the university or after the university and if the dentist has faced problems communicating with the patients. Finally, questions about the degree of beliefs in the dentist's minds about their relations and trust with patients.

Validity and Reliability.

- As for the validity, the questionnaire was sent to a group of experts and scholars to examine the entire instrument and offer their opinions on its content (Annex 3). Comments from experts were collected and reviewed with the supervisor, and some comments were considered, rephrasing some questions. The questionnaire was then discussed with the head of PDA in the Hebron area.

- As for the reliability of the tool in this study, it was estimated using the alpha coefficient (Cronbach's alpha). Cronbach alpha is a measure of the internal consistency Cronbach's alpha is a measure of the internal consistency of a test or scale; consistency describes the extent to which all the items in a test measure the same concept or construct, and hence it is connected to the inter-relatedness of the items within the test, the reliability coefficient is equal to (0.93), which is considered as a good reliability coefficient for researchers. The questionnaire was translated by an English expert to Arabic to enable all participants to answer its items easily and was in an online format.

3.6 Data Collection Procedure.

Names of licensed and registered dentists were obtained from (PDA) database. They were distributed on a geographical base. The Palestinian Ministry of Health and the Palestinian Dental Association permit to conduct the study. The questionnaire was distributed by the researcher whenever possible. To ease the process, the researcher reached all the representatives of PDA in the whole Palestinian governates in the West Bank, and they delivered the numbers and groups of the fresh dentists in their governate so the researcher sent the online form of the questionnaire to the whole population of the research.

In addition, a medical representative of a pharmacological company and a dental materials distributor were trained by the researcher to assist in filling out the questionnaire and then helped collect them from dentists during their work rounds. Most dentists were visited by the data collection team in their clinics and centers. An online questionnaire was developed using Google Docs to increase the response rate to reach participants who couldn't be reached personally. These dentists were contacted by email and telephone to explain the study's purpose and encourage them to fill out the online questionnaire.

The researcher's challenge during data collection was mainly the wide geographical spread of dentists in the West Bank. Cooperation in filling out some dentists' questionnaires on time was another challenge.

3.7 Data Analysis.

The data analysis was performed by using Statistical Package for Social Science (SPSS) version 26. Continuous variables were expressed as means and standard deviations as appropriate. Frequencies and percentages were calculated for all categorical variables. The following statistical tools were used.

- Arithmetic averages, standard deviations, and percentages.
- Cronbach's Coefficient Alpha.
- Independent T-test samples to test the hypothesis.
- One Way Anova.
- Tukey.

Some of the results were produced by Likert scale analysis, and the following distribution was used in measuring the questionnaire's paragraphs:

1	2	3	4	5
Not Important	Slightly Important	Moderately Important	Important	Very Important

The correction key.

The correction key for the Likert scale (pentagram)	
Not Important	1-1.8
Slightly Important	1.81-2.60 equals 36.2% -52.0%

Moderate	2.61-3.40 equals 52.2%-68.0%
Important	3.41-4.20 equals 68.2%-84.0%
Very Important	4.21-5.0 equals 84.2% and above

3.8 Ethical Consideration.

Permission for distributing the questionnaire was obtained from the academic council of higher education at Hebron University, and the PDA, the information sheet, and the cover letter of the questionnaires explained the purpose of the study with a confirmation that the information participants provide will be treated as confidential and used only for scientific research purposes.

Chapter Four: Results and Discussion

4.1 Introduction:

In this chapter, the researcher presents and analyzes the results of the research according to the order of the questionnaire's items. Out of 1261 fresh dentists who graduated from 2018 to 2023 working or looking for work dentists in West Bank (study population), 243 completed questionnaires were returned, reaching a response rate of 19%, which is considered acceptable to generalize the results on the population of the study, since the questionnaire delivered to the whole population members.

The existing results indicate that the degree of internal consistency of the overall degree of the study " Impressions of new Palestinian dental graduates about the relationship between doctor and patient" reached 93.4%, which is a very high degree indicating a high internal consistency, so the questionnaire was distributed to all the respondents.

4.2 Demographics:

The main characteristics of fresh Palestinian dentists who participated in the study are shown below:

❖ Age

According to the collected data, 22.2 % of the respondents are 25 years old, 20.2% are 27 years old, 16.0 % are 24, 15.2 % are 26 years old, 13.6 % are 28 years old, 5.3 % are 23 years old and the remaining 7.4% answered otherwise.

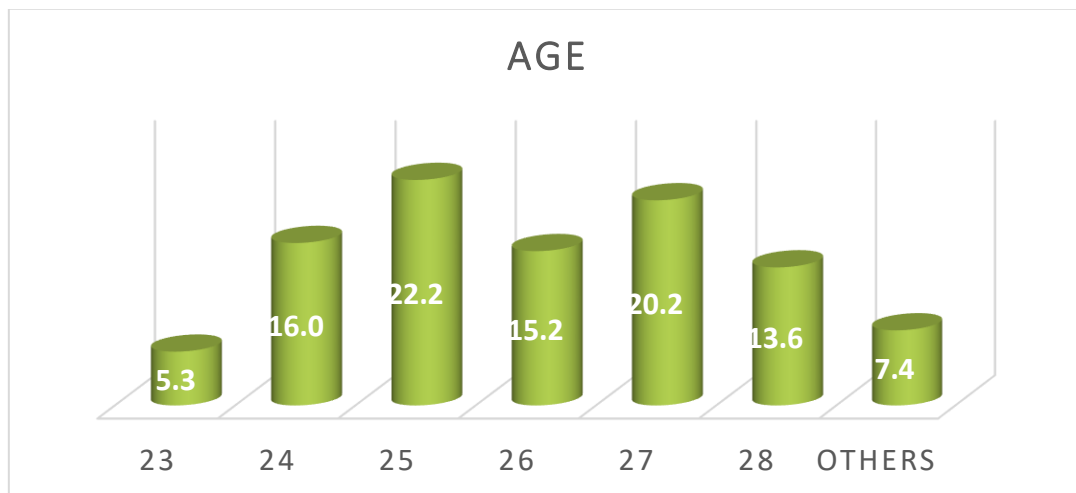


Figure 2: Age Distribution

❖ Sex

As for the gender respondents, males are 56.4% of the sample, and females are 43.6%.

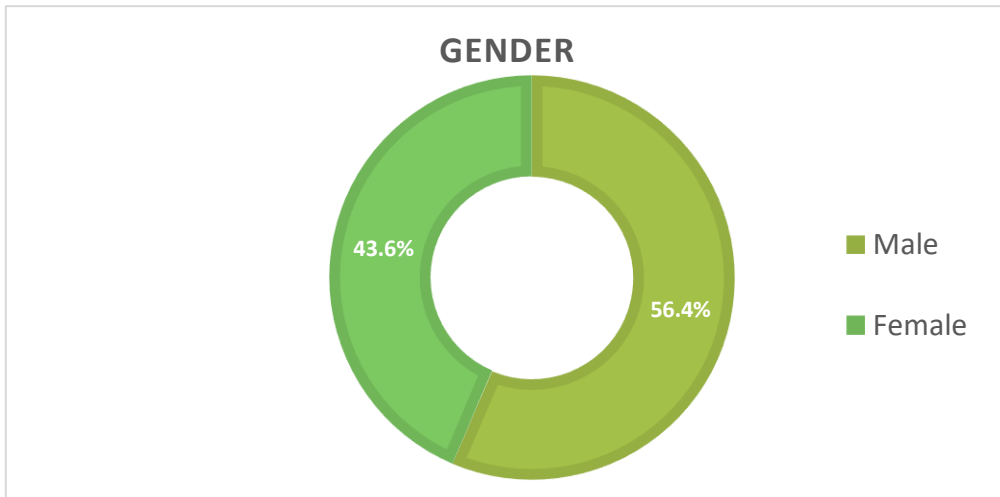


Figure 3: Gender Distribution

❖ Graduation Year

As for the graduation year, 28.8% of the respondents graduated in 2021, 24.3% in 2020, 17.3% graduated in 2019, 16.9% graduated in 2022, and 12.8% graduated in 2018

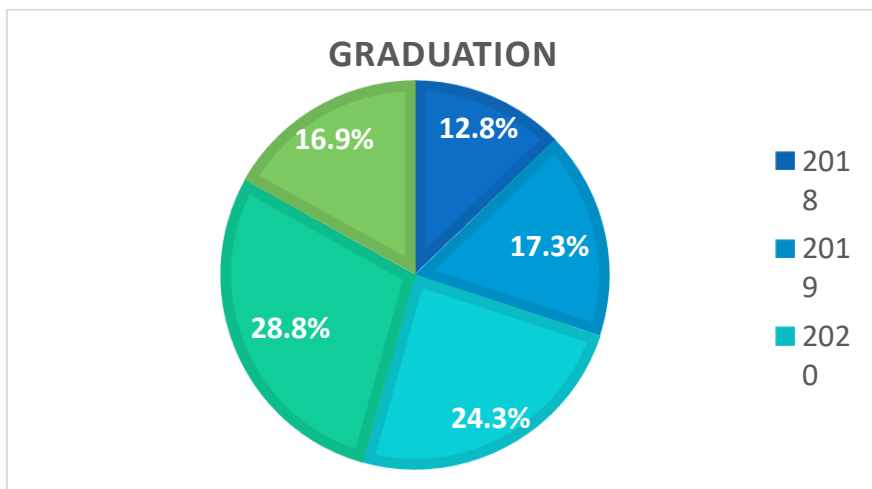


Figure 4: Graduation Year

❖ The place of residence

The data shown in the below graph indicates that 21.4% of the respondents are residents of Hebron Governate, 15.2% are from Ramallah and AlBireh Governate, 11.9 % from Nablus, 11.5 % from Bethlehem, 9.5% are from Jerusalem, 8.6% are in Jenin, 6.6% are from Salfit,

5.8% are from Tulkarem, 4.5% are from Jericho, 2.9% are from Qalqilia and 2.1% are from Tubas.

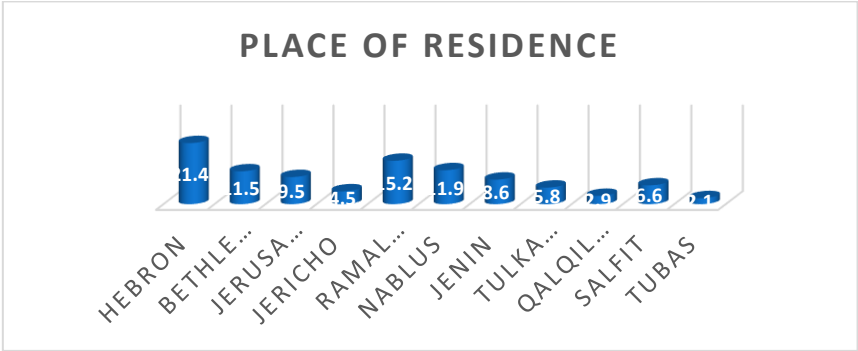


Figure 5: Place of Residence

❖ Work Governate

The data shown in the graph below indicate that 21.0% of the respondents work in Hebron, 18.5% in Ramallah and AlBireh, 14.0% in Nablus governate, 10.3% in Jerusalem, 9.5% in Bethlehem, 9.1% in Jenin, 6.2% in Tulkarem, 4.1% in Jericho, 3.3% in Qalqilia, 2.9% in Salfit, and 1.2% in Tubas.

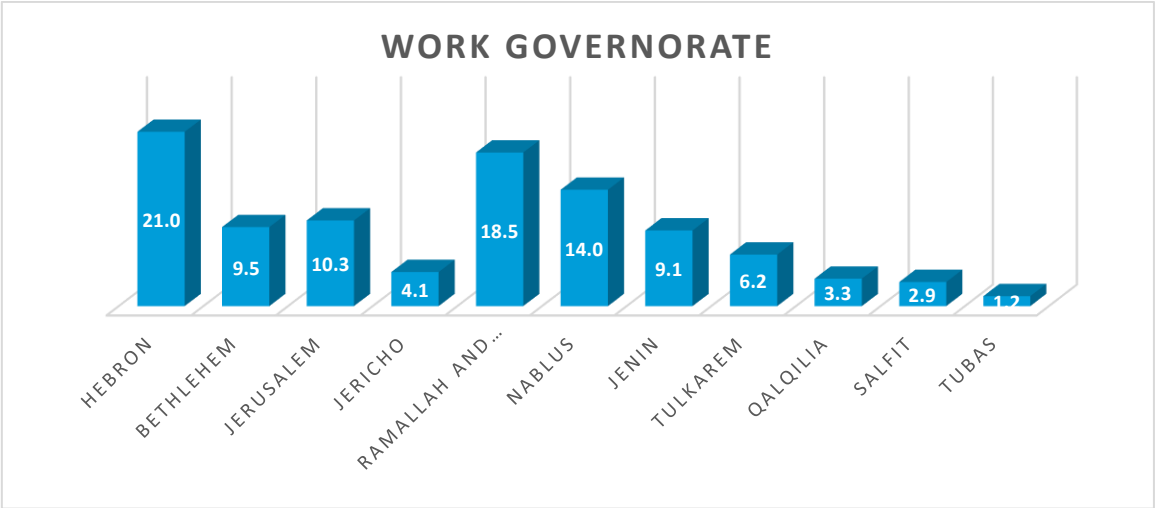


Figure 6: Work Governorate

❖ The graduation university

60.5% of the respondents graduated from Local universities compared to 39.5% who graduated from International Universities.

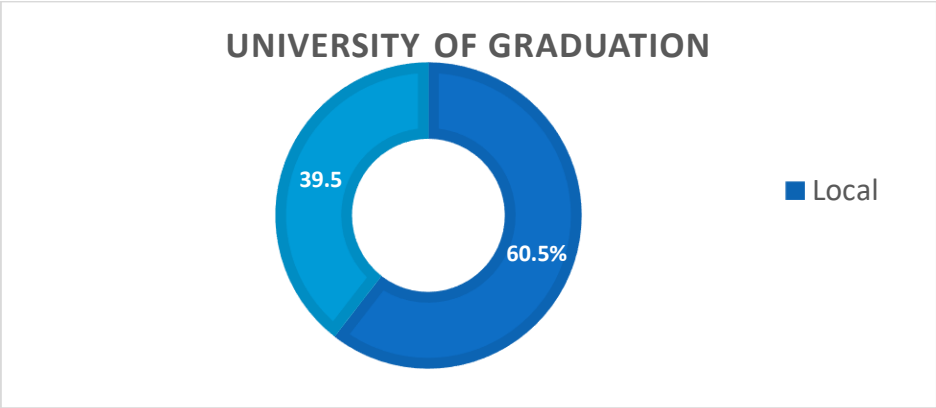


Figure 7: The Graduation University

❖ The current workplaces

In general, the majority of the respondents (58%) are working in a private clinic that is owned by another colleague, followed by 18.5% are working in a private clinic partnership with other colleagues, 10.7% are working in their clinics, 4.9% are not currently working, 3.3% are working in a governmental clinic, and 2.9% work in the PRCS, UN and NGO’s while only 1.6% work for non-profit associations.

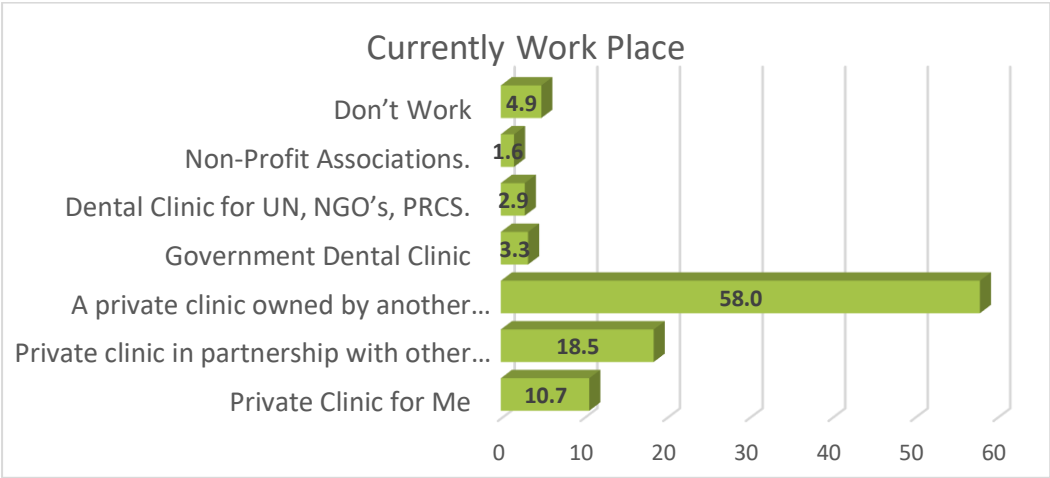


Figure 8: Currently Workplace.

4.3 Dentist-Patient Relationship Dimensions.

The 44 items of the questionnaire assess 4 main dimensions of the DPR, and every dimension consists of about 6-12 items.

Table 1: DPR Dimensions

#	Variables	Mean	Std.	%	Degree
1	Communication	3.41	0.56	68.2%	High
2	Empathic Behavior	3.16	0.58	63.2%	Average
3	Understanding the Patient Traits (Customization)	3.07	0.74	61.4%	Average
4	Managing Stressful Situations	3.06	0.68	61.2%	Average
	Total	3.22	0.56	64.4%	Average

It is clear to us from the data shown in Table No. (1) the total score for the fields of study of "impressions of new Palestinian dental graduates about the doctor-patient relationship" reported an average of 3.22, with a percentage of 64.4%, which is an average score.

As it becomes clear to us that the field of "Communication" came the highest score in the fields with an average account (3.41) and with a percentage of 68.2%, which is a high score, in contrast, the field of "the lowest score in the fields" managing Stressful Situations " reached an average account of 3.06 and with a percentage of 61.2%, which is an average score.

This spread of the results can lead us to that Communication is the big contributor in the DPR Dimensions with the highest mean and percentage above, and this can be explained through that the communication process is the most powerful tool to have a healthy DPR and this can support the observation of the researcher in the field of dentistry.

Table 2: Communication

#	Items	Mean	Std.	%	Degree
12	I introduce myself to the patient and say goodbye to him with a smile	4.14	0.76	82.8	High
4	I use appropriate means of communication, communication, and information to clarify the information provided to the patient	3.80	0.87	76.0	High
11	I talk to the patient slowly and allow the patient to understand comfortably	3.54	0.81	70.8	High
3	I Look at the patient and show the required attention and attentiveness	3.48	0.97	69.6	High
10	I answer the patient without hesitation and express it in a safe and direct tone for the patient	3.47	0.84	69.4	High
1	I use the right tone of voice and raise it when needed to emphasize what is most important	3.43	0.79	68.6	High
9	I direct the conversation at a comfortable pace for the patient and give the patient the required space to respond	3.29	0.83	65.8	Average
6	I present the treatment plan in a suggested way and not in a way that seems to be imposed on the patient	3.25	0.91	65.0	Average
5	I explain the risks and consequences of the actions taken by me	3.21	1.01	64.2	Average
8	I provide the answers to the patient, but the patient gives priority to the answer	3.21	0.88	64.2	Average
7	I respect the patient's personal space without avoiding approaching when necessary	3.20	0.91	64.0	Average
2	I respond to the patient's interests in understandable words, according to the patient's social status	2.89	1.01	57.8	Average
	Total	3.40	0.56	68.2	High

Based on the data shown in the table above, the total score of the "Communication" axis reached an arithmetic mean of 3.40 with a standard deviation of 0.56 and a percentage of 68.2%, which is a high score.

As for the highest paragraphs, it came to Paragraph No. 12, which states *I introduce myself to the patient and say goodbye to him with a smile*. With an arithmetic mean of 4.14, a standard deviation of 0.76, and a percentage of 82.8%, which is a high score, followed by paragraph number (4), which states *I use appropriate means of communication, communication, and information to clarify the information provided to the patient* With an arithmetic average of and a standard deviation of 0.87 and a percentage of 76.0%, which is a high score, then 3.80

paragraph No. 11, which states *I talk to the patient slowly and allowing the patient to understand comfortably* With an arithmetic mean of 3.52, a standard deviation of 0.81 and a percentage of 70.8%, which is a high score

In contrast, the lowest paragraph came Number (2), which states *I respond to the patient's interests in understandable words, according to the patient's social status* With an arithmetic mean of 2.89, a standard deviation of 1.01 and a percentage of 57.8%, which is an average grade, followed by Paragraph No. 7, which states *I respect the patient's personal space without avoiding approaching when necessary* With an arithmetic average of 3.20, with a standard deviation of 0.91 and a percentage of 64.0%, which is an average grade, then paragraph No. (8), which states *I provide the answers to the patient, but with the patient giving priority to the answer* With an arithmetic mean of 3.21, with a standard deviation and a percentage of 64.2%, which is an average score.

As for the researcher opinion, These results indicate that the intangible tools of communication which include the smile, the way of talking, and the tone of voice can make a very important contribution to the success of the DPR, and according to the respondents' responses, they have a little degree of awareness about the importance of the communication tools and this can give a positive way of thinking that the fresh dentists have, while some dimensions which related to the social status are not important like the main communication tools.

Table 3: Empathic Behavior

	Questions	Mean	Std.	%	Degree
9	I care about the patient's financial ability to pay	3.78	0.98	75.6	High
2	I express my attitude gently, which reflects my positive attitude, willingness to help the patient	3.25	0.85	65.0	Average
4	I actively listen to the patient, through his expressions and questions, giving the required attention to the patient's story	3.24	0.85	64.8	Average
1	I use a sense of humor in appropriate situations, as a sign of openness to facilitate communication and break down social barriers	3.23	0.80	64.5	Average
3	I appreciate the patient's words and acknowledge the patient's point of view without necessarily adopting the same position and opinion	3.12	0.95	62.4	Average
8	I care about the gender and age of the patient	3.11	0.91	62.2	Average
5	I take care of patients ' messages and gestures, without manipulating them	2.97	0.96	59.4	Average
7	I highlight the positive aspects of the patient's oral health before expressing the negative aspects	2.94	0.95	58.8	Average
6	I feel the degree of pain of the patient	2.78	1.08	55.6	Average
	Total	3.16	0.59	63.2	Average

Given the data shown in the table above, the total score for the axis of "empathic behavior" reached an average of 3.16 with a standard deviation of 0.59 and a percentage of 63.2%, which is an average score.

At the top of the paragraphs came paragraph No. (9), which states *I care about the patient's financial ability to pay* With an arithmetic mean of 3.78, with a standard deviation of 0.98, and a percentage of 75.6%, which is a very high score, paragraph number (2), which states *I express my attitude gently, which reflects my positive attitude, willing to help the patient* With an arithmetic mean of 3.25, with a standard deviation of 0.85 and a percentage of 65.0%, which is an average grade, paragraph number (4), which states *I actively listen to the patient, through his expressions and questions, giving the required attention to the patient's story* With an arithmetic mean of 3.24, a standard deviation of 0.85 and an average score of 64.8%

On the other hand, the lowest paragraph came to Paragraph No. 6, which states *I feel the degree of pain of the patient* With an arithmetic average of 2.78 a standard deviation of 1.08, and a percentage of 55.6%, which is an average grade, then paragraph No. (7), which states *I highlight the positive aspects of the patient's oral health before expressing the negative aspects* With an arithmetic mean of 2.94 a standard deviation of 0.94, and a percentage of 58.8%, which is an average grade, paragraph No. 5, which states *I take care of patients ' messages and gestures, without manipulating them* With an arithmetic mean of 2.97, a standard deviation of 0.96 and an average score of 59.4%.

These results show that the financial situation of the patient can unfortunately be one of the main contributors to the successful DPR while there is an assurance and knowledge that the gentle dentist who shows a positive attitude and the willingness to help is very well recognized by the fresh dentists. And this goes with the researcher observation through the focus groups and the pre-interviews with the dental experts.

Table 4: Understanding the Patient Traits (Customization)

#	Questions	Mean	Std.	%	Degree
4	I explain the diagnosis and the correct treatment plan to the patient	4.09	0.87	81.8	High
2	I observe behaviors with different personality traits of patients based on their movements	3.01	0.98	60.2	Average
1	I distinguish different types of behavior of the patient based on his comments, actions, and recent	2.95	0.91	59.0	Average
3	I make impressions about the different types of personalities of patients and their actions	2.84	1.12	56.8	Average
6	I care about the psychological situation of the patient resulting from the diagnosis	2.79	1.12	55.8	Average
5	I make the decision based on the personal characteristics of the patient, considering his expected behavior	2.74	0.93	54.8	Average
	Total	3.07	0.74	61.4	Average

According to the data shown in Table No. (4), the total score reached the axis of "understanding the patient's characteristics" with an arithmetic mean of 3.07, a standard deviation of 0.74, and a percentage of 61.4%, which is an average score.

The data shows us that the top paragraphs came to paragraph number (4), which states *I explain the diagnosis and the correct treatment plan to the patient* with an arithmetic mean of 4.09, with a standard deviation of 0.87 and a percentage of 81.8%, which is a high score, then paragraph number (2), which states *I observe behaviors with different personality traits of patients based on their movements* with an arithmetic mean of 3.01, a standard deviation of 0.98 and an average score of 60.2%

The above data also shows that the lowest paragraphs came to Paragraph No. 5, which states *I make the decision based on the personal characteristics of the patient, taking into account his expected behavior* with an arithmetic average of 2.74 and a standard deviation of 0.93 and a percentage of 54.8%, which is an average grade, then paragraph No. (6), which states *I care about the psychological situation of the patient resulting from the diagnosis* With an arithmetic mean of 2.79, a standard deviation of 1.12, and an average score of 55.8%.

As for the researcher opinion, These results assure that dentists have the required code of ethics to behave with the patients and give them the required treatment plan according to the status of the patient, and the dentists could recognize some features of the dentists according to their treats and movements.

By contrast, some dentists don't give the psychological situation of the patient the required attention.

Table 5: Managing Stressful Situations

#	Questions	Mean	Std.	%	Degree
4	I maintain a bright, spacious, and organized workplace for the convenience of the patient	3.98	0.83	79.8	High
3	Instruct the patient to breathe and relax to control the signs of fear and anxiety	3.35	0.91	67.0	Average
1	I talk to patients about their concerns to introduce them to the nature of the treatment	3.09	0.89	61.8	Average
2	I touch on the patient's previous negative experiences	2.75	1.00	55.0	Average
5	I identify the sources that cause fear and anxiety in patients	2.75	0.99	55.0	Average
6	I gradually expose the patient to situations that increase fear and anxiety	2.45	1.06	49.0	Little
	Total	3.06	0.68	61.2	Average

As shown by the results shown in Table No. (5), the total score reached the "Managing Stressful Situations" axis with an arithmetic average of 3.06, a standard deviation of 1.06, and a percentage of 61.2%, which is an average score.

The results show us that the highest paragraphs came to paragraph number (4), which states *I maintain a bright, spacious, and organized workplace for the convenience of the patient* With an arithmetic average of 3.98, a standard deviation of 0.83, and a percentage of 79.8%, which is a high score, then paragraph No. 3, which states *Instruct the patient to breathe and relax to control the signs of fear and anxiety* With an arithmetic mean of 3.35, a standard deviation of 0.91 and an average score of 67.0%

The above results also show that the lowest paragraphs came to Paragraph No. 6, which states *I gradually expose the patient to situations that increase fear and anxiety* with an arithmetic mean of 2.45, a standard deviation of 1.06 and a percentage of 49.0%, which is a small degree, then paragraph No. 5, which states *I identify the sources that cause fear and anxiety in patients* with an arithmetic mean of 2.75, a standard deviation of 0.99 and an average score of 55.0%.

These results show that dentists give the required attention to the place that they work in and know what makes the clinic so comfortable for the patients the procedure of dealing with the patients is well known by the dentists, while they need to practice more and give more efforts in how to gradually expose the patients to the dentistry procedures.

Table 6: DPR and Trust

#	Questions	Mean	Std.	%	Degree
3	I am completely honest in telling my patients about all the different treatment options available for their conditions	3.93	0.75	78.6	High
1	I'm usually very meticulous in my work.	3.88	0.58	77.6	High
6	Sometimes I care about what is better for me than for my patients	3.68	0.94	73.6	High
2	My relationship with the patient affects the degree of trust between us	3.38	1.05	67.6	Average
5	I only think about what is best for my patients.	3.26	0.98	65.2	Average
4	My relationship with the patient affects the nature of the treatment plan that the patient will receive	2.91	1.15	58.2	Average
	Total	3.51	0.38	70.2	High

The data in the table above indicate that the overall score of the "confidence" axis reached an average of 3.51 with a standard deviation of 0.38 and a percentage of 70.2%, which is a high score.

As the above data goes, the highest paragraphs came to Paragraph No. 3, which states *I am completely honest in telling my patients about all the different treatment options available for their conditions* with an arithmetic mean of 3.93, with a standard deviation of 0.75 and a percentage of 78.6%, which is a high score, then paragraph No. 1, which states *I'm usually very meticulous in my work*. With an arithmetic mean of 3.88, a standard deviation of 0.58, and a percentage of 77.6%, which is a high score –

The data also indicate that the lowest paragraphs came to Paragraph No. 4, which states *My relationship with the patient affects the nature of the treatment plan that the patient will receive* with an arithmetic mean of 2.91, with a standard deviation of 1.15 and a percentage of 58.2%, which is an average grade, then paragraph number (5), *which states I only think about what is best for my patients* with an arithmetic mean of 3.26, a standard deviation of 0.98 and an average score of 65.2%.

Trust as a main dimension and contributor to the success of any DPR shows here the required level of knowledge and code of ethics that the dentist must have, and the dentists show the required responsibility that they should have. Also, the accuracy and professionalism of work are still important to any successful DPR.

In contrast, some dentists are aware of themselves more than their dentists which shows some selfishness in this case, but fortunately, they help in hiding the effect of personal relationships on the nature of the treatment plan.

Table 7: Multiple Questions

Questions		Frequency	%
Have you been enrolled in specialized courses in communication skills and communication with the patient?	Yes	94	38.7%
	No	149	61.3%
	Total	243	100.0%
Have you been enrolled in specialized courses during the study period on communication skills and communication with the patient?	Yes	113	46.5%
	No	130	53.5%
	Total	243	100.0%
Have you had problems and difficulties in communicating with patients before?	Yes	214	88.1%
	No	29	11.9%
	Total	243	100.0%

According to the data shown in the table above, most of the surveyed dentists (61.3%) have not enrolled in specialized courses in communication skills and communication with patients, while 38.7% of dentists have enrolled in such courses.

The data described above also show that the largest percentage of dentists 53.5% did not enroll in specialized courses during the study period with communication skills and communication with patients, in contrast, 46.5% of doctors enrolled in these courses.

The data in the table show that most doctors (88.1%) have experienced problems and difficulties in dealing with patients previously, while 11.9% of doctors have not experienced problems and difficulties in dealing with patients previously.

As for the researcher opinion, these results show the huge problems and challenges that face fresh dentists and their lack of communication courses either in the university or after the university, and the admission problem and obstacles with patients reflect their needs for such courses.

Table 8: Multiple Questions – Part Two

Questions		Frequency	%
To what degree do you think that you have enough skills and knowledge of the nature of the positive relationship that should be between a doctor and a patient?	Low Level	144	59.3%
	Medium Level	90	37.0%
	High Level	9	3.7%
	Total	243	100.0%
To what extent do you think that the doctor-patient relationship affects the treatment plan given to the patient and therefore the degree of trust between the doctor and the patient?	Low Level	6	2.5%
	Medium Level	87	35.8%
	High Level	150	61.7%
	Total	243	100.0%

Considering the data shown in the table above, the largest percentage of dentists 59.3% possess sufficient skills and knowledge of the nature of the positive relationship that should be between

the dentist and the patient, followed by 37.0% possess these skills and knowledge of an average degree, and only 3.7% of doctors possess sufficient skills and knowledge of the nature of the positive relationship that should be between the dentist and the patient.

In general, most doctors (61.7%) believe that the doctor-patient relationship affects the treatment plan given to the patient and therefore the degree of trust between the doctor and the patient to a high degree, 35.8% believe that it affects a medium degree, and only 2.5% believe that it affects to a low degree.

These results go with the researcher's opinion that he derived from the observation and interviews which says that dentists have the required level of awareness of what they must have of communication skills and techniques, but the way and how to use them could be the most effective obstacle.

4.4 hypotheses Testing

- ❖ **H1: There is a significant association between the DPR dimensions and Trust.**

Table 9: DPR and Trust

Domain	N	means	Std. Deviation	Pearson Correlation	Sig
Communication	243	3.41	0.56	0.254**	0.000
Trust	243	3.51	0.38		
Empathic Behavior	243	3.16	0.58	0.245**	0.000
Trust	243	3.51	0.38		
Understanding Patient Traits (Customization)	243	3.07	0.74	0.260**	0.000
Trust	243	3.51	0.38		
Managing Stressful Situations	243	3.07	0.68	0.311**	0.000

Trust	243	3.51	0.38		
Total Degree					
Perceptions of Palestinian Fresh Dentists on the DPR	243	3.22	0.56	0.292**	0.000
Trust	243	3.51	0.38		

** . Correlation is significant at the 0.01 level (2-tailed).

Given the data shown in the table above, the Pearson correlation test was used (to examine the relationship between the study axes and trust

We note from the data in the table above that there is a very strong correlation between all the axes of study, the total degree, and the axis of trust and it becomes clear to us that all the Pearson Association relationships are very strong and positive direct relationships that ranged between 0.245 to 0.311 with a statistical significance level of 0.000.

- It turns out that the Pearson Correlation coefficient between communication and trust is 0.254 with a statistically significant value of 0.000 and it was marked with a *** to indicate that is statistically a function at a significant level of 0.01 as it was written below the table.

We conclude from this result that there is a direct relationship between Communication and Trust and based on it, we reject the null hypothesis and accept the alternative hypothesis that there is a relationship between the two variables

- It also turns out that the Pearson correlation coefficient between Empathic behavior and trust is 0.254 with a statistically significant value of 0.000 and it was marked with a *** to indicate that is statistically a function at a significant level of 0.01 as it was written below the table.

We conclude from this result that there is a direct relationship between Empathic Behavior and Trust and based on this, we reject the null hypothesis and accept the alternative hypothesis, that there is a relationship between the two variables

- It also turns out that Pearson Correlation Coefficient between Understanding the Patient Traits {Customization} and Trust is 0.260 with a statistically significant value 0.000 and it was marked with *** to indicate that it is a statistically function at a significant level of 0.01 as it was written below the table.

We conclude from this result that there is a direct relationship between Understanding the Patient Traits (Customization) and Trust and based on it, we reject the null hypothesis and accept the alternative hypothesis that there is a relationship between the two variables.

- It also turns out that Pearson Correlation Coefficient between managing stressful situations and trust is 0.311 with a statistically significant value 0.000 and it was marked with a *** sign to indicate that is statistically a function at a significant level of 0.01 as it was written below the table.

We conclude from this result that there is a direct relationship between managing Stressful Situations and Trust and based on it, we reject the null hypothesis and accept the alternative hypothesis that there is a relationship between the two variables

Finally, it turns out that the Pearson correlation coefficient between Total degree and Trust 0.292 with a statistically significant value (0.000) and was marked with a *** sign to indicate that it is statistically a function at a significant level of 0.01 as it was written below the table

We conclude from this result that there is a direct relationship between Total degree and Trust and based on this, we reject the null hypothesis and accept the alternative hypothesis that there is a relationship between the two variables.

❖ **H2: Dentists perceive the four DPR dimensions differently based on gender.**

Null hypothesis : There are no significant differences at the level of $\alpha \geq$ in the 0.05

-respondents 'attitudes, the impressions of new Palestinian dental graduates about the doctor patient relationship" are attributed to the gender variable

Alternative hypothesis: there are significant differences at the level of $\alpha \geq$ in the 0.05 respondents 'attitudes, the Perceptions of Palestinian dental graduates about the doctor-patient relationship" attributed to the gender variable

Table 10: DPR Dimensions and gender.

Domain	gender	N	Mean	Std. Deviation	T	Sig.
Communication	Male	137	3.30	0.58	3.627	0.000
	Female	106	3.56	0.50		
Empathic Behavior	Male	137	3.05	0.58	3.219	0.001
	Female	106	3.29	0.57		
Understanding the Patient Traits (Customization)	Male	137	2.96	0.72	2.547	0.001
	Female	106	3.20	0.74		
Managing Stressful Situations	Male	137	2.99	0.71	1.965	0.051
	Female	106	3.16	0.63		
Total Degree	Male	137	3.11	0.57	3.280	0.001
	Female	106	3.35	0.53		

As shown to us through the data in the table above, the T-test was used to identify the trends of the respondents about the "impressions of new Palestinian dental graduates about the relationship between dentist and patient, and we note from the data in the table above that there are significant differences at the level of $0.05 \geq \alpha$ attributed to the gender , where the value of T – Test reached 3.280 and this is a statistical function with the level of significance shown in the table which is equal 0.001, so we can say that the hypothesis was rejected and the differences came on favor of females.

The T test was used to identify the trends of the respondents about communication, and we note from the data in the table that there are statistically significant differences at the level of $0.05 \geq \alpha$ attributed to the gender variable, as the value of T test was 3.627 and this is a statistical function at the level of significance shown in the table which is equal to 0.000, and thus we can say that hypothesis was rejected and the differences came on favor of females.

The T test was used to identify the trends of the respondents about Empathic Behavior, and we note from the data in the table that there are statistically significant differences at the level of $0.05 \geq \alpha$ attributed to the gender variable, as the value of T test was 3.219 and this is a statistical function at the level of significance shown in the table which is equal to 0.001, and thus we can say that hypothesis was rejected and the differences came on favor of females.

The T test was used to identify the trends of the respondents about Understanding Patient Traits, and we note from the data in the table that there are statistically significant differences at the level of $0.05 \geq \alpha$ attributed to the gender variable, as the value of T test was 2.547 and this is a statistical function at the level of significance shown in the table which is equal to 0.001, and thus we can say that hypothesis was rejected and the differences came on favor of females.

Finally, T test was used to identify the trends of the respondents about Managing Stressful Situations, and we note from the data in the table that there are statistically significant differences at the level of $0.05 \geq \alpha$ attributed to the gender variable, as the value of T test was 1.965 and this is a statistical function at the level of significance shown in the table which is equal to 0.051, and thus we can say that hypothesis was rejected and the differences came on favor of females.

❖ **H3: Dentists perceive the four DPR dimensions differently based on the Country of Graduation.**

Null Hypothesis: there are no significant differences at the level $0.05 \geq \alpha$ in the respondents' trends attributed to the university where the dentist graduated in.

Alternative Hypothesis: there are significant differences at the level $0.05 \geq \alpha$ in the respondents' trends attributed to the university where the dentist graduated in.

Table 11: DPR Dimensions and Graduation University.

Domain	The Graduation University	N	Mean	Std. Deviation	T	Sig.
Communication	Local	147	3.47	0.58	2.083	0.038
	Abroad	96	3.32	0.53		
Empathic Behavior	Local	147	3.21	0.60	1.583	0.115
	Abroad	96	3.08	0.55		
Understanding the Patient Traits (Customization)	Local	147	3.13	0.77	1.487	0.138
	Abroad	96	2.98	0.68		
Managing Stressful Situations	Local	147	3.09	0.72	0.660	0.510
	Abroad	96	3.03	0.62		
Total Degree	Local	147	3.27	0.59	1.707	0.089
	Abroad	96	3.14	0.51		

According to the data shown in table no 12, T-test was used to identify the respondent's trends regarding the impressions of the fresh Palestinian dentists on the DPR, and we note from the data in the table above that there are no significant differences in the level of $0.05 \geq \alpha$ attributed to the graduation university of the dentist, as the value of T Test which reached 1.707 and it is not a statistical value at the level of significance shown in the table which is equal 0.089, so we can say that the hypothesis was accepted.

The T-test was used to identify the trends of the respondents about Communication, and we note from the data in the table that there are statistically significant differences at the level of

0.05 $\geq \alpha$ attributed to the graduation university, as the value of T test was 2.083 and this is a statistical function at the level of significance shown in the table which is equal to 0.038, and thus we can say that hypothesis was rejected and the differences came in favor of those who graduated from the local universities.

The T test was used to identify the trends of the respondents about Empathic Behavior, and we note from the data in the table that there are no statistically significant differences at the level of 0.05 $\geq \alpha$ attributed to the graduation university, as the value of T test was 1.583 and this is a statistical function at the level of significance shown in the table which is equal to 0.115, and thus we can say that hypothesis was accepted.

The T test was used to identify the trends of the respondents about Understanding Patient Traits, and we note from the data in the table that there are no statistically significant differences at the level of 0.05 $\geq \alpha$ attributed to the graduation university, as the value of T test was 1.487 and this is a statistical function at the level of significance shown in the table which is equal to 0.138, and thus we can say that hypothesis was accepted.

Finally, T test was used to identify the trends of the respondents about Managing Stressful Situations, and we note from the data in the table that there are no statistically significant differences at the level of 0.05 $\geq \alpha$ attributed to the graduation university, as the value of T test was 0.660 and this is a statistical function at the level of significance shown in the table which is equal to 0.510, and thus we can say that hypothesis was accepted.

Chapter Five: Conclusion and Recommendations

5.1 Introduction

In this chapter, the researcher discusses the results of the research and demonstrates the conclusions and recommendations. The discussion consists of the respondent's characteristics, DPR Dimensions, and the DPR relation with the trust and provides efficient discussion for the open questions of the questionnaire.

5.2 Respondents Characteristics

In terms of age distribution, more than 22 % of the dentists were 25 years old which indicates the most desirable year of understanding the work environment of the dentists since the student will be in this stage have completed the internship period and started work at least one full year and this could lead the results to be more efficient.

For the sex distribution, no significant difference was found between males and females with 56.4 % being males and 43.6 being females.

For the graduation year and place of residence and work, the distribution was very good since the researcher could reach the whole population of the research and delivered to them the questionnaire and got 19 % of their responses.

But for the side of the current workplace, more than half of the dentists (58 %) were working in a private clinic owned by another colleague, and this indicates their intense to get more experience and get involved gradually and efficiently in the world of dentistry, and so for sure for the financial expenses that could be generated if the dentist wanted to have his clinic.

5.3 DPR Dimensions

Communication.

for the communication part of the DPR dimensions, the results show the great importance of the perfect intangible communication tools of the dentist to have a successful relationship with the patient and this agrees with the research of YIMLEK 2005 in her pieces of advice for dentists. And the research opinion through the direct observation of the fresh dentists goes along with this result.

The dentists are aware of their role to introduce themselves to the patients and have the healthy delivery process of transferring the information to them. This agrees with the Research of Twinkle and others in 2022 and the tone of voice, and listening skills have great importance in the dentist's mind, but some of them neglect the importance of the social status of the patient and this could sometimes lead to the dentist to lose some of his patients if he was in a passionate and conservative communities.

Empathic Behavior.

As for the empathic side of the efficient DPR in the dentist's minds, here the dentists are willing to care about money more than their basic role of having the required health care for their patients, but without ignoring the importance of gentle attitudes that must be shown in the dentists' characters. And, the listening skills also play an important role in their awareness of the level of empathy that they need to deliver to the patients, and this could match with the results of Jones and Huggins (2014)

On the opposite side, some dentists show that feeling the pain of dentists is not one of their priorities in work, and so the way of delivering the positive and negative aspects about the patient's oral health is not given the needed attention and this agrees with the research of Sushi and others (2015).

Understanding Patient Traits.

Here the dentists show the required degree of commitment to the code of ethics of their job and reflect their professionalism in explaining the correct treatment plan to the patient. And, their care and positive observation of the patients through their movements and could match with the research of Josib Maria and others in 2021.

However, the decision-making process of the dentists is not affected by the personal characteristics of the patients so their care about the psychological situation of the patient is a little bit not one of their priorities.

Managing Stressful Situations.

In this part of the questionnaire, the results showed a great recognition by the dentists towards preparing a healthy and organized workplace for the patients and this goes with logic and the researcher opinion, and so the dentists also present a high degree of theoretical procedures of dealing with patients and this part has the required importance in their minds, and this can go on with the research of Talalrico 2020

In contrast, dentists still miss the importance of having the empathic social side of their behavior with their patients and using the fear and anxiety signals gradually with them.

5.4 DPR and Trust.

The research could show a strong correlation between the DPR dimensions and Trust, and this led to a positive relationship between them showing the required importance of recognizing the trust between the dentist and the patient and its effects on the treatment plan and the health care cycle in general, and this could be found in the research of Avramova 2021.

The dentists and upon the results of this side of questions, show a high degree of code of ethics and their procedures to the job of dentistry and they are theoretically honest in telling the

patients the whole treatment plan phases and their health conditions. And usually, they are very clear and meticulous in their job.

However, their ability to split the personal relationship with the patients away from the treatment plan could be a good indicator of their level of knowledge about that.

5.5 Multiple Questions.

The researcher used the technique to ask a direct question to put a slight light on the self-awareness of the dentists about their required level of knowledge and skills that they must have. Due to the answers to these questions, most of them enrolled themselves in the courses that will help them to understand better the importance of the efficient DPR. This could go on with the research of Sabika and others in 2020, but alongside the university of the dentist, almost half of them had the required courses about communication skills and efficient DPR techniques and this could not be enough to ensure that the fresh dentists have the required level of communication skills and the required level of recognition in their minds.

Furthermore, we can find precise and clear answers from the majority of dentists about their problems in communicating with the patient and building up a healthy and efficient DPR.

Another positive point of this part of questions for dentists comes from their recognition and admission of their level of communication and techniques that they have and so their needs to be updated and upgraded.

The majority of them have low and medium levels of the required skills and techniques and this could show the importance of this research for the dentistry environment in the West Bank.

On the other side of questions, the dentists show a high degree of theoretical knowledge about their recognition of the effect of the healthy and efficient DPR and so the trust between dentist and patient in the treatment plan.

5.6 Conclusion.

In conclusion, this study aimed to illuminate a critical aspect concerning the preparedness, proficiency, and recognition of the significance of possessing requisite communication skills and techniques among newly graduated Palestinian dentists in the West Bank.

The findings suggest that most of our novice dentists possess theoretical knowledge and procedures for patient interactions; however, they encounter substantial challenges during the practical implementation phase of their professional duties.

Although our recent dental graduates demonstrate awareness of the essential communication standards necessary for a robust and effective dentist-patient relationship (DPR), there exists a need for increased practical exposure and execution of these skills throughout their academic and internship periods.

Some dentists prioritize financial gains as the primary objective of their profession, yet it is imperative to underscore the intrinsic value of empathy and socialization in patient interactions. The predominant hurdles faced by our novice dentists in patient dealings stem from limited and varied coursework during their university education and internship. The attitudes and cognizance of dentists toward communication and socially requisite skills emerge as potential indicators of their capacity to learn, refine their skills, and thereby mitigate the impact of suboptimal DPR.

5.7 Recommendations

For dentistry schools at the universities.

- For the schools of dentistry, there is a need to enhance and update the level of communication skills and techniques courses alongside the university life of the dentist, and the spread of these courses through the academic semesters and trying to have some of them in the last semesters of the dentistry study.
- National and healthy discussions should be held between the university and the MoH and the PDA to be an effective part of setting up the courses in dentistry especially are related to communication and DPR.

For Decision Makers in MoH and PDA.

- Deep attention must be paid to the problem of communication of the fresh dentists and plans must be set to minimize the effects of this challenge.
- More contributions to the academic courses, especially the courses on communication and relationships, must be in the coming days.
- More effective training and specialized courses in communication and relationships must be enrolled in the internship period.

For Fresh Dentists.

- The healthy and effective DPR is one of the keystones of the success of your job.
- Dentists should give their efficient time at the beginning of their working journey to the courses of communication and relationships with the patients.

- Dealing socially in the right way with patients could result in enhancing the reputation of your clinic.

5.8 Areas for Future Research.

- Assessing the communication courses in the academic plan for the Bachelor of Dentistry.
- Examining the quality of the communication courses after graduation and their relativeness to the core of healthy dentistry.
- Examining the effect of PDA and MoH rules and the internship year-processes on the communication skills and techniques of the fresh dentists.
- Investigating the contribution of communication education and training on dentist- patient relationship.

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Appendices:

Table 1: Number of Dentists and their Governorates spread.

Governorate	Population	Number of Dentists
Hebron	822,435	799
Bethlehem	244,704	430
Jerusalem	492,340	843
Ramallah & Al Bireh	370,030	562
Jericho	55,268	96
Salfit	85,920	98
Nablus	431,584	504
Jenin	352,875	462
Tulkarem	205,946	268
Qalqilia	127,025	93
Tubas and North Villages	68,779	67
Total	3,256,906	4,222

Table 2; The Number of dentist graduates from the year 2018 till 2023

Year	Number of Graduates
2018	204
2019	235
2020	212
2021	271
2022	311
2023	28
Total	1261

Table 3: Referees of the Questionnaire.

Name	Title	Location
Dr. Samir Abu Znaid	Full Professor	Hebron University
Dr. Wasim Sultan	Assistant Professor	Hebron University
Dr. Hussain Jabareen	Associated Professor	Hebron University
Dr. Amjad Hammouri	Dental Expert	Hebron
Dr. Naser Shqair	Head of PDA in Hebron	Hebron
Dr. Bassam Al Nobani	PDA Head	Ramallah
Dr. Mohammad Arar	Head of Oral Health Dep. In MoH	Ramallah

The Questionnaire:



جامعة الخليل

كلية الدراسات العليا

برنامج ماجستير إدارة الأعمال

Questionnaire

استبانة

Thesis Title:

The Perceptions of Palestinian Fresh Graduate Dentists on the Doctor-Patient
Relationship

انطباعات خريجي طب الأسنان الفلسطينيين الجدد حول العلاقة بين الطبيب والمريض

اعداد: غسان جبارين

إشراف : د. سهيل سلطان

جامعة الخليل

Mar 2023

This questionnaire is part of a master's thesis titled. The Perceptions of Palestinian Fresh Graduate Dentists on the Doctor-Patient Relationship

The researcher is conducting this as a requirement for graduation from the Hebron University- Business Administration Program.

The thesis will try to achieve the following objectives.

- Determine how many degrees the fresh graduate dentists are aware of the required level of communication skills they need in their job.
- To examine how the dentist-patient relationship can affect the treatment plan and so the degree of trust with patients that dentists are working hard to have in their jobs.

To achieve these objectives, the research will be quantitative which will depend on many techniques to collect data through the questionnaires and the focus groups between some of the fresh dentists, so the population will be the fresh Palestinian dentists who graduated after 2018 (with fewer than 5 years of field experience).

The population of this study will be fresh dentists after 2018 with less than 5 years of field experience. In the west bank only.

The researcher will design a Google form questionnaire, the questionnaire will be sent through an internet link to the target groups mentioned above through social media groups and direct emails. Also, the questionnaire will be filled out by the dentists in their clinics manually.

القسم الأول : بيانات ديموغرافية .

1- العمر : 23 □ 24 □ 25 □ 26 □ 27 □ 28 □ غير ذلك

2- الجنس : ذكر □ أنثى □

3- سنة التخرج : 2018 □ ... 2019 □ ... 2020 □ ... 2021 □ ... 2022 □

4- مكان السكن (المحافظة) : □ الخليل □ بيت لحم □ القدس □ رام الله والبيرة ... □ اريحا □ سلفيت □ نابلس □ جنين □ طولكرم □ طوباس □ قلقيلية .

5- مكان العمل (المحافظة) : □ الخليل □ بيت لحم □ القدس □ رام الله والبيرة ... □ اريحا □ سلفيت □ نابلس □ جنين □ طولكرم □ طوباس □ قلقيلية .

6- الجامعة التي تخرجت فيها : □ محلية □ دولية

7- مكان العمل الحالي :

- عيادة خاصة لي .
- عيادة خاصة بالشراكة مع زملاء آخرين .
- عيادة خاصة مملوكة لزميل آخر .
- عيادة أسنان حكومية .

- عيادة أسنان تابعة للـ NGO's , PRCS , UN .
- جمعيات غير ربحية .
- لا أملك عمل حالياً .

القسم الثاني : محددات علاقة المريض مع طبيب الأسنان .

يرجى الاجابة على كل سؤال من المرفقات أدناه بناءا على ما تراه مناسب من درجة الاهمية لدى الطبيب عند التواصل مع المريض :

1- غير مهم ، 2 - مهم بدرجة قليلة ، 3 - مهم بدرجة متوسطة ، 4 - مهم ، 5 - مهم بشكل كبير

Code	الأسئلة	(1)	(2)	(3)	(4)	(5)
Communication						
C1	أستخدم نبرة الصوت المناسبة ، وأرفعه حين الحاجة للتأكيد على ما هو أكثر أهمية					
C2	أستجيب لاهتمامات المريض بكلام مفهوم ، وذلك وفقا لمكانة المريض الاجتماعية					
C3	أنظر الى المريض وأبدي الاهتمام والانتباه المطلوبين					
C4	أستخدم وسائل الاتصال والتواصل والإعلام المناسبة لتوضيح المعلومات المقدمة للمريض					
C5	أقوم بشرح مخاطر وعواقب الاجراءات المتخذة من قبلي					
C6	أقوم بتقديم خطة العلاج بطريقة مقترحة وليس بطريقة تبدو بأنها مفروضة على المريض					
C7	أحترم المساحة الشخصية للمريض دون تجنب الاقتراب عند الضرورة					
C8	أقوم بتقديم الاجابات للمريض ولكن مع اعطاء المريض الاولوية للاجابة					
C9	أقوم بتوجيه المحادثة بوتيرة مريحة للمريض ، وأعطي المساحة المطلوبة للمريض كي يرد					
C10	أقوم باجابة المريض دون تردد وأعبر عن ذلك بلهجة آمنة ومباشرة للمريض					
C11	أحدثت مع المريض ببطء وبوضوح مما يتيح للمريض الفهم بشكل مريح					
C12	أقدم نفسي للمريض وأودعه بابتسامة					
Empathic Behavior (السلوك التعاطفي)						
E1	أستخدم روح الدعاية في المواقف المناسبة ، كدليل على الانفتاح لتسهيل التواصل وكسر الحواجز الاجتماعية					
E2	أعبر عن موقفي بلطف مما يعكس موقفي الايجابي الراغب بالمساعدة للمريض					
E3	أقدر كلام المريض وأعترف بوجهة نظر المريض دون بالضرورة تبني نفس الموقف والرأي					
E4	أستمع بكل نشاط للمريض ، من خلال تعبيراته وأسئلته ، مع اعطاء الانتباه المطلوب لقصة المريض					
E5	أهتم برسائل وايمانات المرضى ، دون التلاعب بها					
E6	أشعر بدرجة تألم المريض					
E7	أبدأ بتسليط الضوء على الجوانب الايجابية بخصوص الصحة الفموية للمريض قبل التعبير عن الجوانب السلبية					
E8	أهتم بجنس وعمر المريض					

					E9	أهتم بقدرة المريض المالية على الدفع
Understanding the Patient Traits (Customization) (فهم صفات المريض)						
					U1	أقوم بتمييز أنواع السلوك المختلفة للمريض بناء على تعليقاته وأفعاله وحديثه
					U2	ألاحظ سلوكيات ذات سمات شخصية مختلفة للمرضى بناء على حركاتهم
					U3	أقوم بتكوين انطباعات حول أنواع مختلفة من شخصيات المرضى وأفعالهم
					U4	أقوم بشرح التشخيص وخطة العلاج الصحيحة للمريض
					U5	أقوم بأخذ القرار بناء على اعتبار السمات الشخصية للمريض مع مراعاة سلوكه المتوقع
					U6	أهتم بالوضع النفسي للمريض الناتج عن التشخيص
Managing Stressful Situations (إدارة الحالات الصعبة)						
					M1	أقوم بالتحدث مع المرضى بخصوص مخاوفهم وذلك من أجل تعريفهم بطبيعة العلاج
					M2	أتطرق الى تجارب المريض السلبية السابقة
					M3	أوجه المريض للتنفس والاسترخاء للسيطرة على علامات الخوف والقلق
					M4	أحافظ على مكان عمل مشرق وواسع ومنظم لتوفير الراحة للمريض
					M5	أقوم بتحديد المصادر التي تسبب الخوف والقلق لدى المرضى
					M6	أقوم بتعريض المريض تدريجياً لمواقف تزيد من الخوف والقلق

القسم الثالث : علاقة المريض مع الطبيب والثقة فيما بينهم .

يرجى الاجابة على كل سؤال من المرفقات أدناه بناء على ما تراه مناسب من درجة الموافقة :

1- غير موافق بشدة ، 2 - غير موافق ، 3 - محايد ، 4 - موافق ، 5- موافق بشدة .

Code	الأسئلة	(1)	(2)	(3)	(4)	(5)
Trust (الثقة)						
T1	أنا بالعادة دقيق للغاية في عملي .					
T2	تؤثر علاقي مع المريض على درجة الثقة فيما بيننا					
T3	أنا صادق تماما في اخبار مرضاي حول جميع خيارات العلاج المختلفة المتاحة لظروفهم					
T4	تؤثر علاقتي مع المريض على طبيعة الخطة العلاجية التي سيحصل عليها المريض					
T5	لا أفكر الا فيما هو أفضل لمرضاي فقط .					
T6	في بعض الأحيان ، أهتم بما هو أفضل لي مما هو لمرضاي					

• هل تم الاتحاق بدورات متخصصة في مهارات الاتصال والتواصل مع المريض ؟

□ نعم □ لا

• هل تم الالتحاق بمساقات متخصصة اثناء فترة الدراسة عن مهارات الاتصال والتواصل مع المريض ؟

□ نعم □ لا

• هل عانيت من مشاكل وصعوبات في التواصل مع المرضى سابقا ؟

□ نعم □ لا

• إلى أي درجة تعتقد بأنك تمتلك ما يكفي من مهارات ومعرفة لطبيعة العلاقة الايجابية التي يجب أن تكون بين الطبيب والمريض ؟

□ درجة منخفضة □ درجة متوسطة □ درجة عالية

يرجى توضيح ذلك إن أمكن :
.....
.....
.....

• إلى أي درجة تعتقد بأن علاقة الطبيب مع المريض تؤثر على خطة العلاج الممنوحة للمريض وبالتالي على درجة الثقة فيما بين الطبيب والمريض ؟

□ درجة منخفضة □ درجة متوسطة □ درجة عالية

يرجى توضيح ذلك إن أمكن :
.....
.....
.....

وتفضلوا بقبول فائق الاحترام والتقدير ،،،