

The Impact of Community Service on the Attitude and Perception of Dental Interns in King Abdulaziz University

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Abstract

Background: Dental community service has become a vital component of higher education and professional development of dental health providers.

Objective: This study sought to investigate the experience and attitude of dental interns following community dental services participation at King Abdulaziz University Faculty of Dentistry (KAUFD).

Materials and Methods: A cross sectional study at KAUFD in Jeddah, Saudi Arabia was conducted. Self-administered questionnaire were distributed to 80 dental interns. The questionnaire measured three categories: demographics, experience and attitude towards community service. Uncompleted questionnaires were excluded. Data were analyzed using SPSS version 22.

Results: All the participants were dental interns aged between 20-25 years old and already participated in previous community service. Almost 68% of them had less than 2 years of experience in dental public services. The majority of participants considered that lack of manpower, institutional and financial supports are the main challenges observed in community settings. Although, 54% of cohort indicates that job/school requirement is their only motivation. However, 80% of the respondents agreed that the dental community field experience made them aware of the population needs, in addition to knowing their role and responsibility toward their community.

Conclusions: This study indicates that health care providers participation in dental public health service will encourage their sense of social responsibility whereas permit them to have valuable experiences with benefits to their society. These experiences will offer the opportunity for the health care providers to be competent with communicating with the public of different cultural background, as well as increasing their sense of civic responsibility.

Keywords: Community service; Attitude; Perception; Dental interns

Introduction

Community service has become an essential component of higher education and a critical aspect in professional development. Health care providers' engagement in community service will encourage their sense of social responsibility whereas permit them to have valuable experiences with benefits to their society. These experiences will offer the opportunity for the health care providers to be competent with communicating with the public of different cultural background, as well as increasing their sense of civic responsibility. Community Service has the capability to provide the dental students with the knowledge, and motivations to engage into health profession and to promote public healthcare by understanding and appreciating the concepts, objectives and characteristics of community service and its impact on the public [1].

A study revealed that health care providers must be prepared for community service scientifically and behaviorally in order to work

effectively to maximize community benefit [2]. Also, it is important that students enter the community with an attitude and skills that permit them to face the diverse cultures and social responsibility. However, student awareness about the organization of this engagement and the social or ethical distresses that have an effect on oral health care is foundational [3]. An additional important point was to investigate student and graduates attitudes regarding treating underserved and to assess the role of dental education on shaping these attitudes [4].

Providing chances for dentists and dental students to treat patients who are underserved increase their awareness of the social determinants of poor oral health, and help them to understand the value of their professional contributions in providing care for these patients [5]. One study found that senior dental students' positive attitudes towards a poor population improved further after spending several weeks at community clinic providing comprehensive care for homeless patients [6].

The development of Student Community Outreach Program and Education (SCOPE) is our attempt to help create this desired atmosphere and enable the development of the core skills. SCOPE's Mission is to increase the workforce of dental professionals who are willing to treat underserved and at-risk populations. To accomplish this mission, the educational goals of SCOPE are to 1) enable development of student cultural competence and communication skills; 2) create a more empathetic, personally committed dentist; and 3) create an atmosphere of community-minded dentists [7].

Objective

This study sought to investigate the experience and attitude of dental interns following community dental services participation at King Abdulaziz University Faculty of Dentistry (KAUFD).

Materials and Methods

A cross sectional study at KAUFD in Jeddah, Saudi Arabia was conducted.

The Ethical Committee at KAUFD approved the research protocol.

Self-administered questionnaire were distributed to 80 dental intern sat KAUFD.

The questionnaire measured three categories: demographics, experience and attitude towards community service.

1. Demographic data including the age, gender, marital status, graduation grade point average (GPA), institution name and field of specialty.
2. Experience including any previous participation to any type of community service, duration and frequency of participation in volunteer work.
3. Attitude towards community service including motives, challenges, competency, responsibility and commitments.

Respondents evaluated the statements on a five – point Likert scale with the answering scale ranging from 1= strongly disagree to 5=strongly agree [4].

Uncompleted questionnaires were excluded from the study.

Statistical analysis

Data were collected, tabulated and statistically analyzed. The analysis of data was carried out using Statistical Package for Social Sciences Computer Software (SPSS) version 22.

Results

Demographics

All the 80 participants were dental interns with an age range of 20 to 25 years and already participated in previous community service. Forty nine (61.3%) were females and 31 (38.8%) were males. Regarding the marital status, forty four (55%) were still single and 36 (45%) were married. For their graduation grade point average (GPA), 42.5% of the respondents graduated with a GPA of 4.4 to 3.75; 35.0% with a GPA of 5 to 4.5 while 22.5% had a GPA of less than 3.74. There was no statistically significant difference regarding gender, marital status and GPA ($P > 0.05$) (Table 1).

Seventy five (93.8%) of our respondents graduated from KAUFD and only five (6.3%) graduated from dental schools abroad. Regarding their field of specialty, seventy nine (98.8%) of our respondents were general practitioners and only one (1.3%) had basic science as their field of specialty.

Experience

All the 80 respondents participated in community services. Regarding the first time they participated in a community service, 48.8% participated during their internship year, 33.3% during their undergraduate study in the dental school and 17.5% before entering dental school.

For the duration of the respondent's participation to community services, 67.5% volunteered for less than 2 years, 16.3% for less than 10 years, 12.5% for less than 5 years and 3.8% for more than 10 years. Regarding the frequency of participation per year for volunteering in community services, 67.5% volunteered for 2 to 5 times, 15% for 5 to 10 times, 12.5% volunteered once and 5% more than 10 times every year. There was no statistically significant difference regarding the duration and frequency of participation in community services ($P > 0.05$) (Table 2).

As to the type of community where the respondents render community service, 61.2% of the sample had chance to volunteer in the community services for underserved population and 38.8% rendered community services to disabled patients. There was no statistically significant difference regarding volunteering to the underserved and disabled patients ($P > 0.05$).

Attitude

Motives: Fifty four percent of the participants mentioned that job/school requirements (promotion) are their only motivation. The majority (80%) agreed that the dental community field experience made them aware of the population needs, in addition to knowing their role and responsibility toward their community (Figure 1).

Challenges: More than one half (53%) of participants agreed that they faced challenges during working in community services. Almost one third (35%) of them disagreed that their dental collage had provided them with the necessary guidance during the service activities. The majority of participants considered that lack of manpower, institutional and financial supports are the main challenges observed in community settings (Figure 2).

Competency: One half (50%) of participants agreed that they were

Gender	Male	Female	
	38.80%	61.10%	
GPA	5-4.5 (A)	4.4-3.75 (B)	3.75 or less (C)
	35%	42.50%	21.20%

Table 1: Represents the percentage of male and female dental interns and their GPA.

First participation	Before dental school	During internship	During under graduate study	After graduation
	17.50%	48.80%	33.30%	0%
Duration of participation	<2 years	< 5 years	<10 years	>10 years
	67.50%	12.50%	16.30%	3.80%
Frequency of participation	Only one	2-5 times	5-10 times	>10 times
	12.50%	67.50%	15%	5%
Volunteering for underserved population	Yes		No	
	61.20%		38.80%	
Volunteering for disabled patients	Yes		No	

Table 2: Shows the percentages of the first participation to community services, duration and frequency of participation in dental public services and volunteering for underserved population and disabled patients.

competent during providing community services. The minority (13.75%) of them disagreed that they were competent during working in community services (Figure 3).

Responsibility: The majority of dentists agreed to show responsibility toward the underserved population in the community, while the minority disagreed to provide dental care to the needy population (Figure 4).

Commitments: Almost 48.7% of the respondents disagreed that they should limit volunteering and community services within the field of dentistry, while 37% are willing to dedicate time every six months for community services during their career (Figure 5).

Discussion

Although limited information is available about dental interns' attitudes towards the community, understanding these attitudes is important for dental educators, policymakers, and dental organizations that embrace the profession's mission to protect and improve the oral health of the individual and society. This study aimed to evaluate the attitude of health care providers towards the outreach community dental services, thus providing information that will contribute to closing this information gap.

All the 80 dental interns who participated in the present study responded to the questionnaire. More than half (61.3%) were females, which reflects the current gender breakdown of dental interns at this university [8].

The present study showed that the majority of dental interns (80%) agreed that dental community field experience made them aware of the population needs, in addition to knowing their role and responsibility toward their community; this was similar to results reported by Fitch [9].

The majority of participants in our study considered that lack of institutional and financial supports were the main challenges observed in community settings. This is in agreement with some studies that reported that students complained mostly about equipment being insufficient or broken. Some facilities have old equipment that often breaks down and is not repaired because of inadequate budgets for maintenance [8,10].

In our study, only 33.3% participated for the first time in a community service during their undergraduate study in the dental school. The current trend to increase the percentage of time that dental students and interns

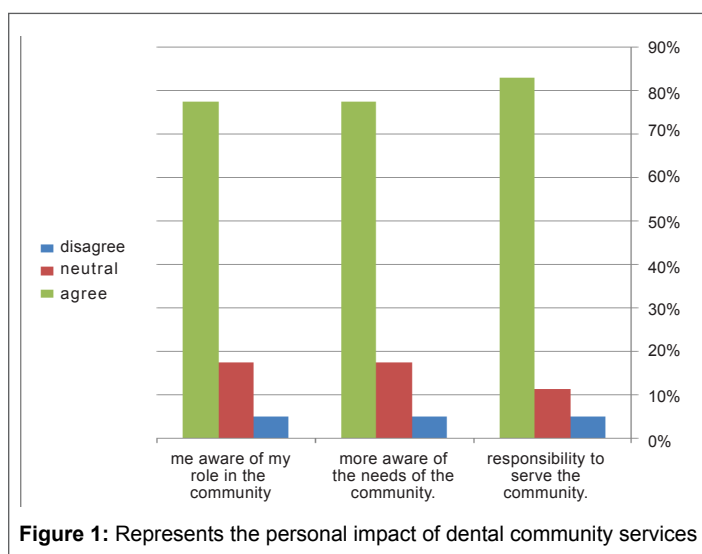


Figure 1: Represents the personal impact of dental community services

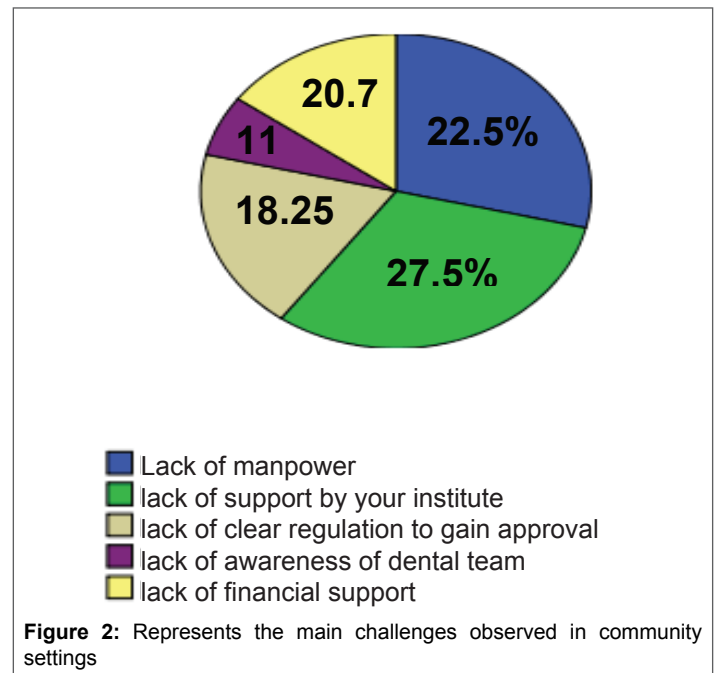


Figure 2: Represents the main challenges observed in community settings

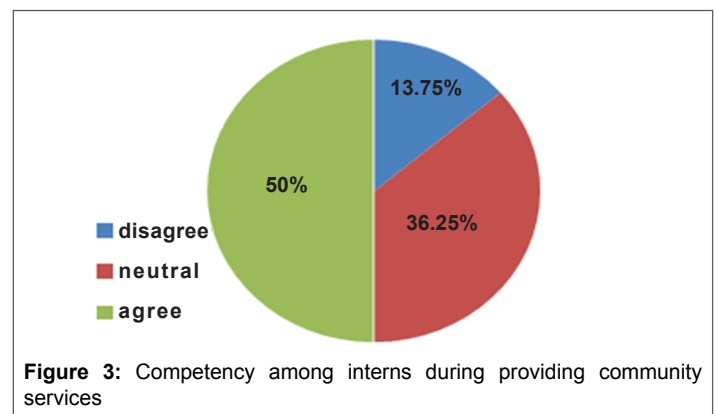


Figure 3: Competency among interns during providing community services

spend in community-based educational programs deserves attention for several reasons such as the financial consequences for the dental schools as well as considerations of the impact on the students' proficiency in their clinical work [11,12].

The dentists' attitudes and behavior related to treating underserved and needy patients showed that they differed from being quite negative and exclusive to being very positive and inclusive. Dental students differ widely in their personal characteristics (such as in their families' socioeconomic situation and their ethnic/racial group), and these differences are likely to affect future behavior [13].

Factors that should be considered when reflecting on how to adequately prepare future health care providers include reconsidering the activities that take place during the dental education process such as the degree of exposure to underserved patients in the didactic courses, during the clinical training, and during community service activities [14]. For example, more frequent exposure of students to underserved patient populations during dental school correlated significantly with an increased willingness among dentists to treat underserved patients [15,16].

In this context, it might be worthwhile to consider dental school-community partnerships. Some studies have explored institutional

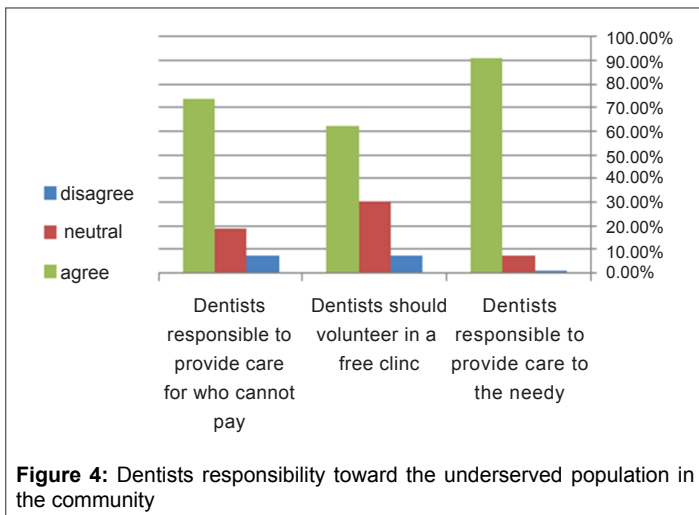


Figure 4: Dentists responsibility toward the underserved population in the community

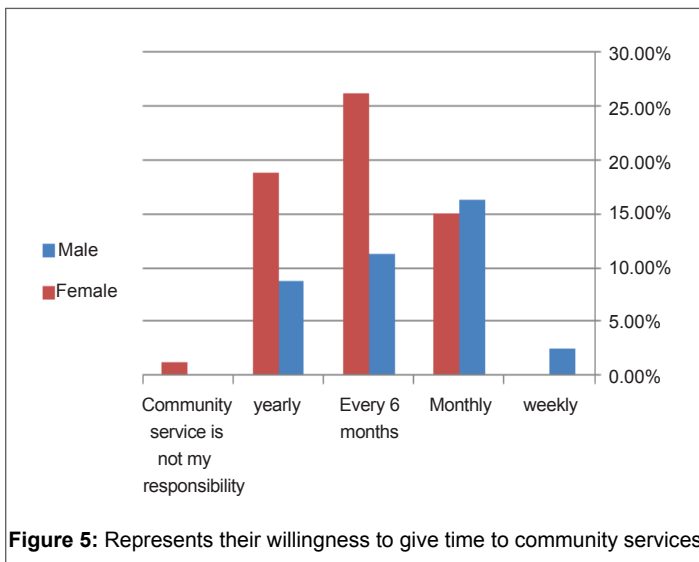


Figure 5: Represents their willingness to give time to community services

barriers that may prevent organizations from integrating and providing desperately needed oral health care. Although the main identified problem was resources, referral partnerships with dental schools and outside dentists were identified as a barrier [17]. Dental schools should consider new strategies such as exposing more dental students and interns to community health centers, including more public dental health material in dental school curricula, and strengthening ties between inner-city or rural practices and academic health centers [18].

This study has some limitations that should be considered. First, this study was a cross-sectional observational study using dental interns from one facility, which means that findings may reflect institutional characteristics not representative of dental interns elsewhere in Saudi Arabia. In addition Cross-sectional data do not provide an opportunity to assess the complex factors that shape students'/providers' attitudes and behaviors over time [4].

Another limitation of this study is the use of a single dental school sample and the lack of a non-dental comparison group. As a result, it was not possible to determine whether the attitude change among our respondents reflected a maturational effect, was due to political and/or societal influences, or was specific to dental students and dental training. To help reinforce this study, a long-term plan would be to evaluate

graduates, after two or three years in practice to see if they are demonstrating behaviors in practice management and personal commitments consistent with the attitudinal changes found in this study.

Generally, in the current study, community service influenced all participants (Dental Interns) regardless of their gender, marital status, GPA, their chances to volunteer to the underserved and disabled people, their duration and frequency of participation to community service as well as on how often they could dedicate time participating in community services throughout their career.

Conclusions

This study indicates that health care providers participation in dental public health service will encourage their sense of social responsibility towards the needy, underserved and their community. It also attracts their attention and increases their awareness towards the community needs. Community service experience upraises the willingness of the dental health care providers to devote part of their professional career to the community.

Recommendations

1. Development of well-structured community-based dental education programs to the undergraduate dental students.
2. Improvement of the institutional logistics and financial support.

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