

The importance of welcoming the pediatric special needs patient in a hospital dental setting: the role of the dental hygienist

Giulia Marzari¹, Marta Beghetto², Tiziana Coin³, Sara Impellizzeri¹, Michela Mossuto⁴, Lavinia Soggia⁴, Irene Pastore², Elena Bedin², Alessandra Sartor⁵, Claudio Gallo⁶

¹ Dental Hygienist at the Community Dentistry Operational Unit (UOSD) of the Piove di Sacco Hospital – Padua

² Dentist at the Community Dentistry Operational Unit (UOSD) of the Piove di Sacco Hospital – Padua

³ Nursing Coordinator at the Community Dentistry Operational Unit (UOSD) of the Piove di Sacco Hospital – Padua

⁴ Nurse at the Community Dentistry Operational Unit (UOSD) of the Piove di Sacco Hospital – Padua

⁵ Student in the Bachelor's Degree Program in Dental Hygiene at the University of Padua

⁶ Director of the Community Dentistry Operational Unit (UOSD) at the Piove di Sacco Hospital – Padua

ABSTRACT

Patient reception in a dental practice is fundamental for fostering patient loyalty. The creation of this relationship is also influenced by the practice's design and architecture, along with other strategies such as background music and aroma diffusers.

The initial patient interaction occurs at the reception desk; it is essential to make the patient feel at ease immediately by visually conveying serenity and empathy. For this reason, interactions among dental team members must promote cohesion rather than conflict, as the professional's mood is perceived by the patient. In this context, greater challenges were identified in the public-facing aspects compared to private settings.

The impression of the dental practice also depends on accessibility and promotional visibility, including business cards, advertising billboards, and social media presence.

This study aims to assess patient perception in the Dentistry Department of Piove di Sacco Hospital by administering a questionnaire to caregivers of patients scheduled exclusively with the dental hygienist and collecting reporting forms issued by Veneto region. A total of 67 questionnaires collected between April and June 2022 and 57 reporting forms gathered from January 2019 to June 2022 were analyzed.

The analysis revealed that, based on both questionnaires and reporting forms, the majority of patients reported satisfaction with the reception received in the department and their interaction with the dental hygienist.

Keywords Dental Hygienist, Reception, Dental Facility, Dental Hygienist, Reception, Dental Practice

Corresponding authors: Giulia Marzari | email: marzarigiulia@yahoo.it

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INTRODUCTION

The first impression a patient forms upon entering a dental practice significantly influences their perception of the treatment session. Aspects such as the practice's design and architecture must not be underestimated: from a regulatory standpoint, treatment rooms require at least one window, while the waiting area should be spacious to allow for chair distancing and ensure patient privacy. Wall colors in various practice areas have been shown to affect patient perception and emotions. To reduce patient anxiety, soundproofed walls, background music, and aroma diffusers—particularly lavender—are recommended. The practice's geographic location must also be considered, including access to public transportation, parking availability, street visibility, and promotional efforts such as business cards, websites, and social media. Accessibility for patients with disabilities is crucial, prioritizing ground-floor locations or the presence of elevators or stairlifts. While aesthetic and structural elements are important,

the relationship with the dental team—starting from reception and extending to healthcare professionals—is equally critical. Team cohesion is vital to avoid unnecessary conflicts, as the dental team's mood is perceived by the patient. Analysis indicates that the dental hygienist is the professional who interacts most regularly with patients. Therefore, this role must establish trust and empathy to alleviate anxiety through active listening. This study analyzed reception perception and interactions with the dental hygienist in the Dentistry Department of Piove di Sacco Hospital.

MATERIALS AND METHODS

The investigation involved administering a questionnaire and collecting reporting forms issued by Veneto region. The questionnaire was distributed between April and June 2022 to caregivers of special needs pediatric patients attending the Piove di Sacco pediatric section for appointments exclusively with the dental hygienist. It consisted of

20 questions, each with four response options and space for additional comments. Unlike the questionnaire, reporting forms are completed at the user's discretion to submit complaints, appreciations, or suggestions. The form comprises three sections: the first for patient demographics; the second indicating the type of report; and the third for detailed motivations.

RESULTS

Analysis of questionnaire responses

A total of 67 questionnaires were completed; results for individual questions are detailed below.

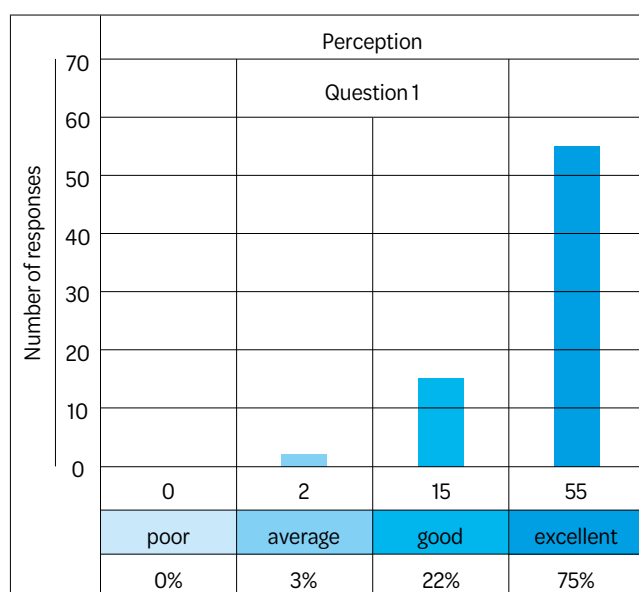


Fig. 1 Graph representing the responses to question number 1 of the questionnaire: "How do you rate the comprehensibility of the information for reaching this clinic?"

Question 1: how do you rate the comprehensibility of directions to reach this outpatient clinic?

The graph shows that 75% of respondents rated the comprehensibility of directions to the department as excellent; 22% as good; 3% as fair; and none (0%) as poor.

Question 2: how do you rate the visibility of internal hospital signage to reach this outpatient clinic?

The graph indicates that 75% rated internal hospital signage visibility as excellent; 21% as good; 4% as fair; and none (0%) as poor.

Question 3: how do you rate the courtesy of administrative staff over the phone?

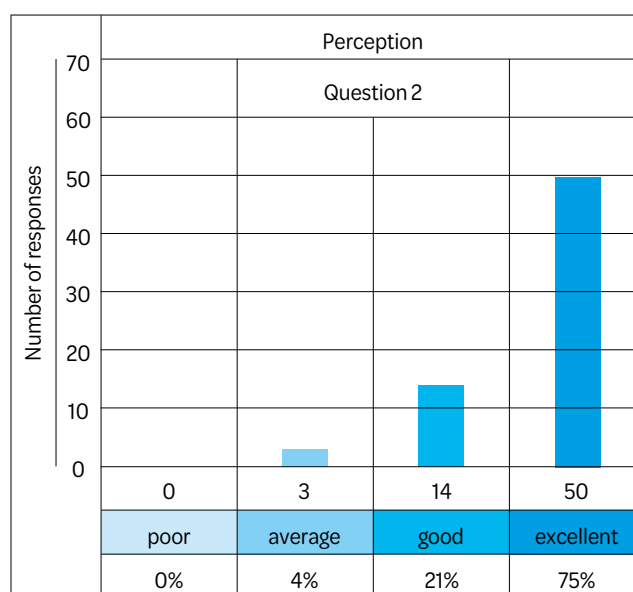


Fig. 2 Graph representing the responses to question number 2: "How do you rate the visibility of the internal hospital signs for reaching this clinic?"

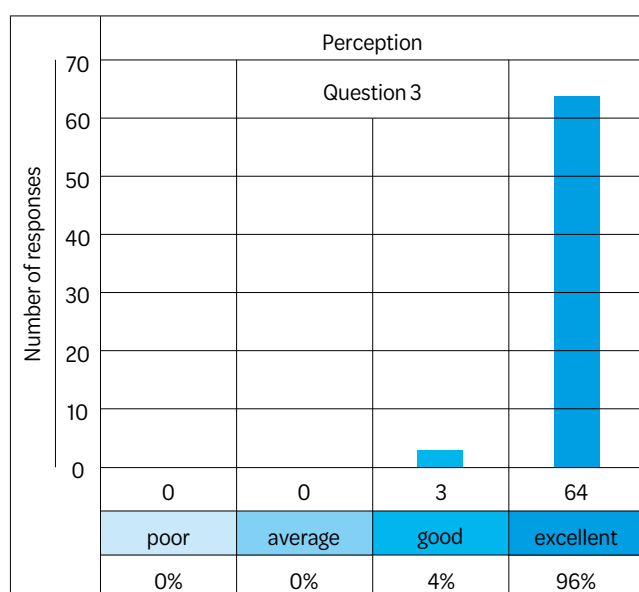


Fig. 3 Graph representing the responses to question number 3: "How do you rate the courtesy of administrative staff on the telephone?"

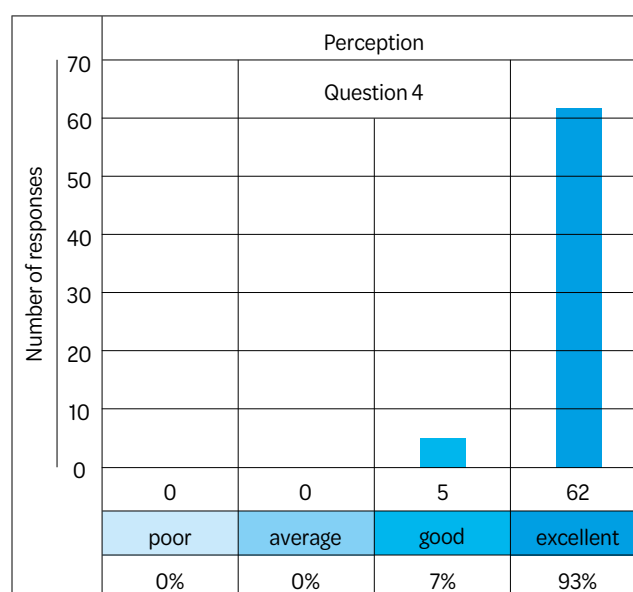


Fig. 4 Graph showing the responses to question number 4: "How do you rate the courtesy of the administrative staff at the counter?"

The graph reveals that 96% rated administrative staff courtesy over the phone as excellent; 4% as good; and none (0%) as fair or poor.

Question 4: how do you rate the courtesy of administrative staff at the desk?

The graph shows that 93% rated administrative staff courtesy at the desk as excellent; 7% as good; and none (0%) as fair or poor.

Question 5: how do you rate the availability of administrative staff at the desk?

The graph indicates that 94% rated administrative staff availability at the desk as excellent; 6% as good; and none (0%) as fair or poor.

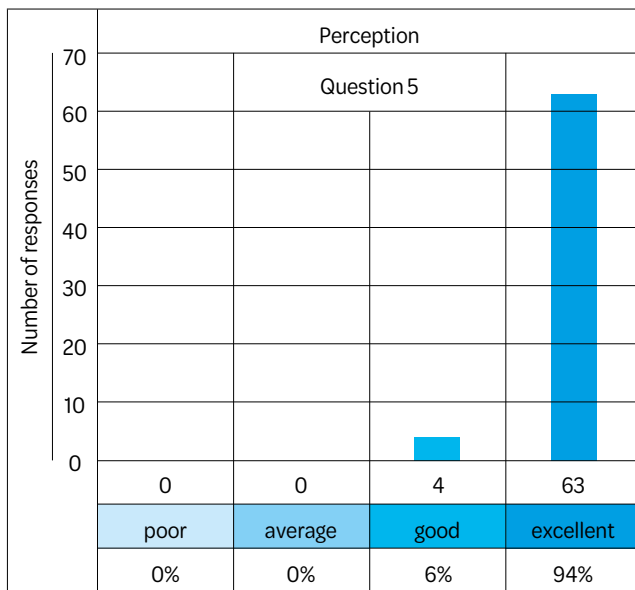


Fig. 5 Graph representing the answers to question 5: 'How do you rate the availability of the administrative staff at the counter?'

(0%) as fair or poor.

Question 6: how do you rate the furnishings and comfort of the waiting area?

The graph shows that 96% rated the waiting area furnishings and comfort as excellent; 6% as good; and none (0%) as fair or poor.

Question 7: how do you rate the waiting time for the appointment?

The graph indicates that 80% of respondents rated the waiting time for the appointment as excellent (0-5 minutes); 17% as good (5-10 minutes); 3% as fair (10-15 minutes); and none (0%) as poor (>15 minutes).

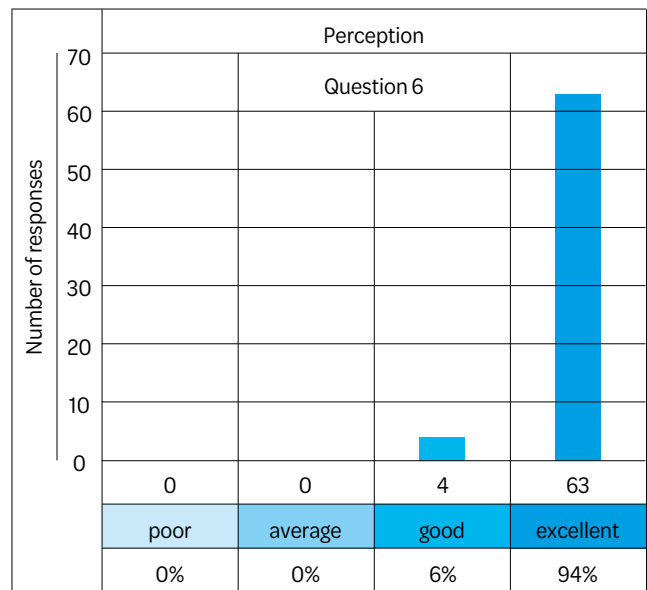


Fig. 6 Graph representing the answers to question number 6: "How do you rate the furnishings and comfort of the waiting room?"

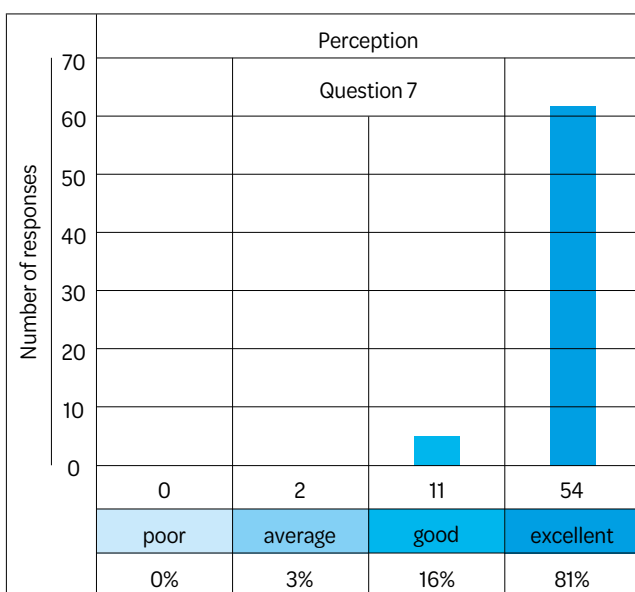


Fig. 7 Graph showing the responses to question 7: "How would you rate the waiting time for the appointment?"

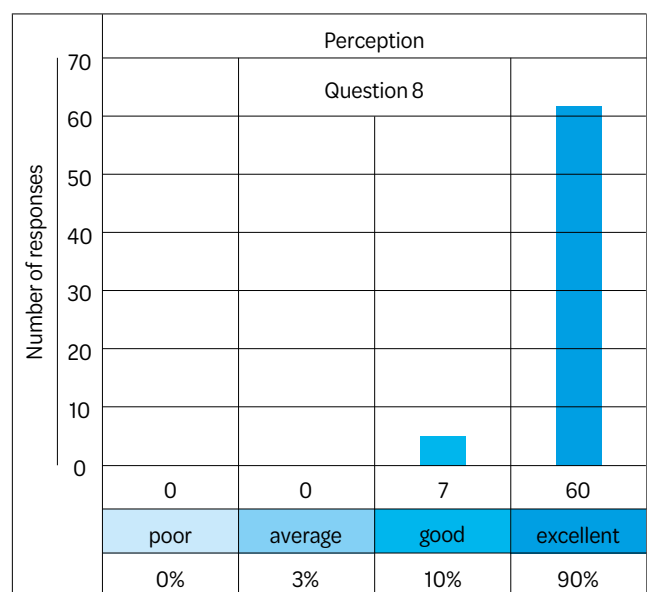


Fig. 8 Graph representing the responses to question number 8: "How do you rate the furnishings and comfort of the clinics?"

Question 8: how do you rate the furnishings and comfort of the outpatient clinics?

The graph reveals that 90% of respondents rated the furnishings and comfort of the outpatient clinics as excellent; 10% as good; and none (0%) as fair or poor.

Question 9: how do you rate the courtesy of healthcare staff inside the outpatient clinics?

The graph shows that 94% of respondents rated the courtesy of healthcare staff inside the outpatient clinics as excellent; 6% as good; and none (0%) as fair or poor.

Question 10: how welcomed did you feel inside the department?

The graph indicates that 85% of respondents perceived an

excellent welcome; 15% a good welcome; and none (0%) reported an impersonal welcome or feeling unwelcomed.

Question 11: did the healthcare staff listen to your needs?

The graph reveals that 99% of respondents rated that healthcare staff listened very attentively to their needs; 1% as moderately attentive; and none (0%) as poorly attentive or not at all.

Question 12: was the child agitated inside the department?

The graph shows that 54% reported the child was not agitated inside the department; 33% that the child was slightly agitated; 7% moderately agitated; and 6% very agitated.

Question 13: would you recommend this outpatient clinic to friends and acquaintances?

The graph indicates that 97% of respondents would certainly recommend the outpatient clinic to friends and acquaintances; 3% would yes recommend it; and none (0%) would perhaps or not at all.

Question 14: if you could go back, would you choose to return to this department?

The graph shows that 100% of respondents would certainly choose to return to this department; and none (0%) selected "yes," "perhaps," or "not at all."

Question 15: during the oral hygiene session, how listened did you feel as a caregiver by the dental hygienist?

The graph reveals that 92.5% of respondents as caregivers felt certainly listened to; 7.5% yes felt listened to; and none (0%) felt perhaps or not at all listened to.

Question 16: did the dental hygienist reassure/ calm the child during the session?

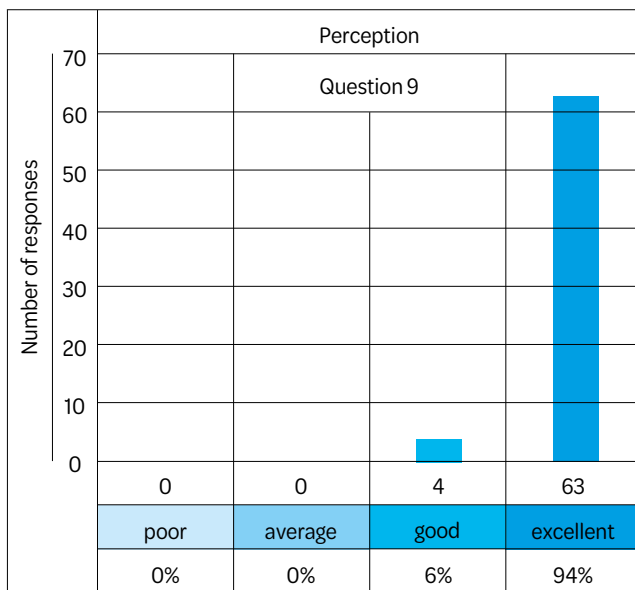


Fig. 9 Graph representing the responses to question number 9: "How do you rate the healthcare personnel within the clinics?"

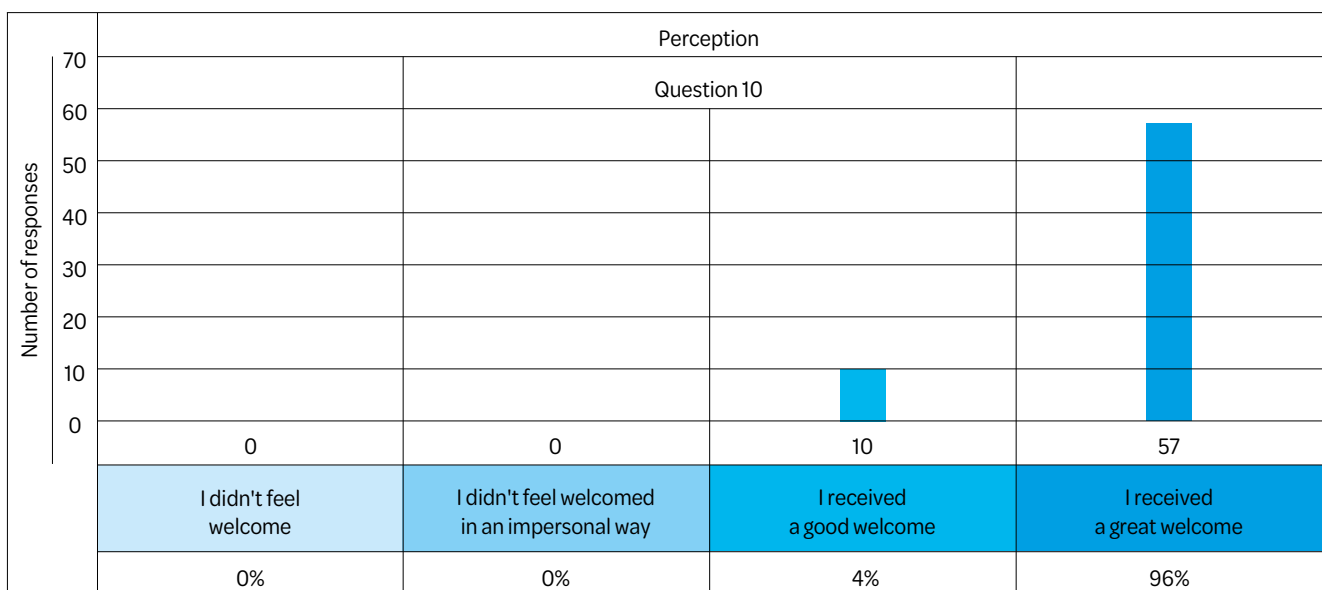


Fig. 10 Graph representing the answers to question number 10: "How did you feel welcomed within the department?"

The graph shows that 94% of respondents certainly affirmed that the dental hygienist reassured/calmed the child during the hygiene session; 6% that yes, the dental hygienist did so; and none (0%) that perhaps or not at all.

Question 17: did the dental hygienist appear adequately trained for approaching the child?

The graph indicates that 91% of respondents certainly affirmed the dental hygienist appeared adequately trained for child approach; 9% that yes, appeared adequately trained; and none (0%) selected perhaps or not at all.

Question 18: would you subject the child to another professional oral hygiene session with the

dental hygienist?

The graph reveals that 90% of respondents would certainly subject the child to another professional oral hygiene session with the dental hygienist; 10% that yes, would do so; and none (0%) that perhaps or not at all.

Question 19: did the dental hygienist provide you comprehensively with instructions on the most suitable home oral hygiene methods for the child?

The graph shows that 97% of respondents certainly affirmed the dental hygienist provided comprehensive instructions on suitable home oral hygiene methods for the child; 3% that yes, provided them; and none (0%) that perhaps or not at all.

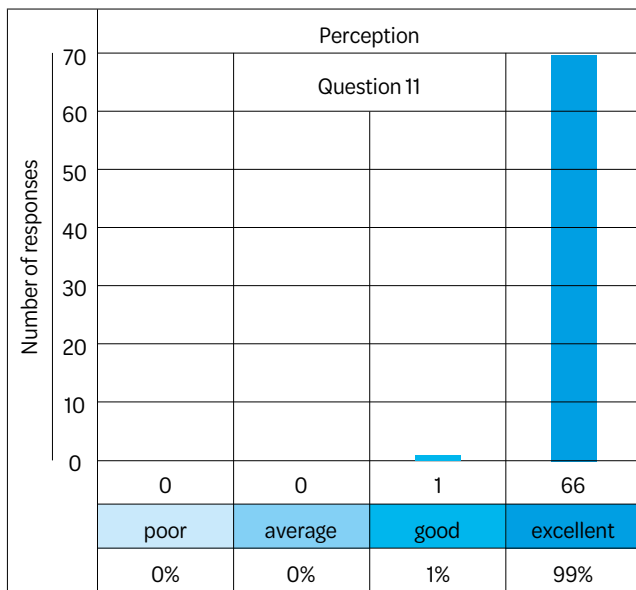


Fig. 11 Graph showing the responses to question 11: "Did the healthcare staff listen to your needs?"

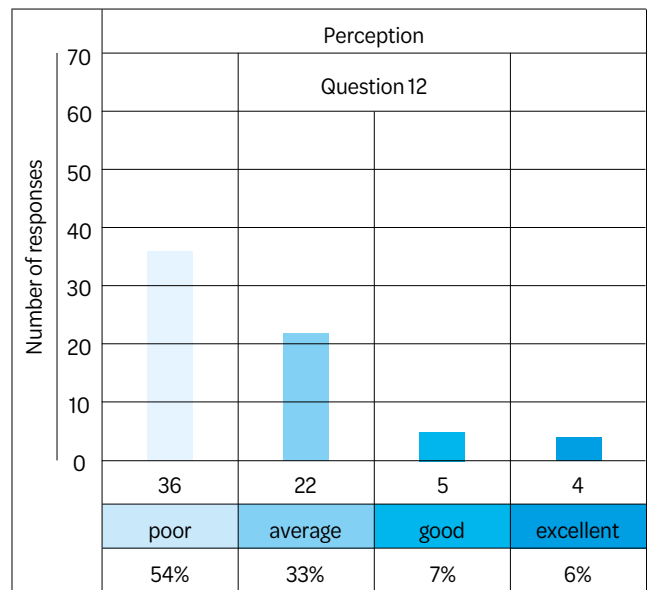


Fig. 12 Graph showing the responses to question 12: "Was the child agitated in the ward?"

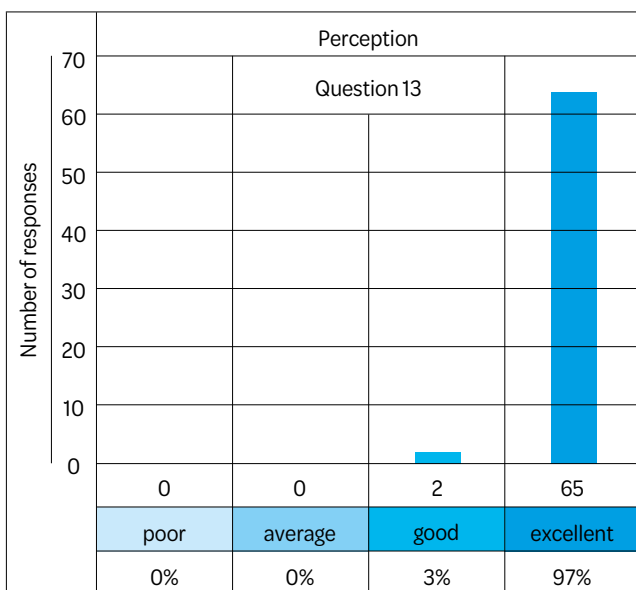


Fig. 13 Graph representing the responses to question number 13: "Would you recommend this clinic to friends and acquaintances?"

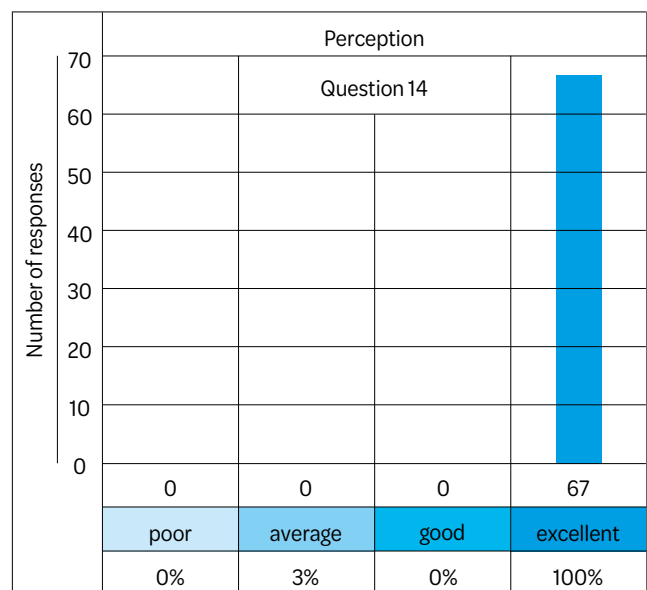


Fig. 14 Graph representing the answers to question number 14: "If you could go back, would you choose to return to this department again?"

Question 20: after the professional oral hygiene session, do you feel more motivated to perform daily home oral hygiene for the child?

The graph indicates that 87% of respondents affirmed being more motivated to perform daily home oral hygiene for the child; 13% more motivated but when possible; and none (0%) not always or not more motivated.

Reporting forms

Analysis of appreciations, suggestions, and complaints

The graph (Figure 22) shows that appreciations predominated across all three years. Specifically, in 2019 there

were 16 appreciations, 0 suggestions, and 0 complaints; in 2021, 12 appreciations and 0 suggestions; in 2022, 17 appreciations, 0 suggestions, and 1 complaint.

Analysis of healthcare companies (ulss) participating in the evaluation forms of the community dentistry department at piove di sacco hospital

The graph (Figure 22) shows that in 2019, users completing the evaluation forms primarily originated from the local healthcare company (ULSS), with the remainder from other regional ULSS companies in Veneto region and two from out-of-region users. In 2021, there was a prevalence of users from the local ULSS, with the rest from other

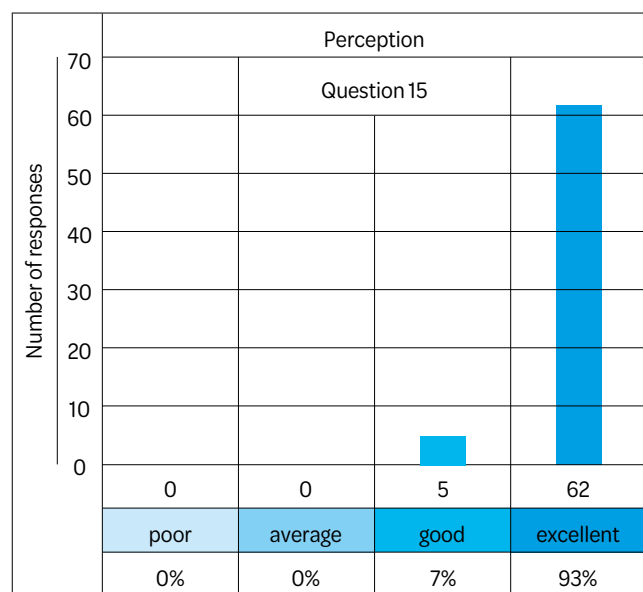


Fig. 15 Graph representing the answers to question number 15: "During the oral hygiene session, as a caregiver, did you feel listened to by the hygienist?"

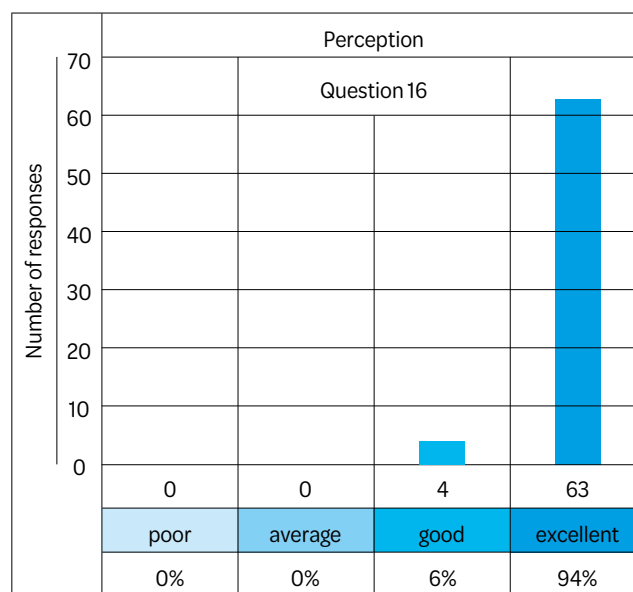


Fig. 16 Graph representing the answers to question number 16: "Did the hygienist reassure the child during the session?"

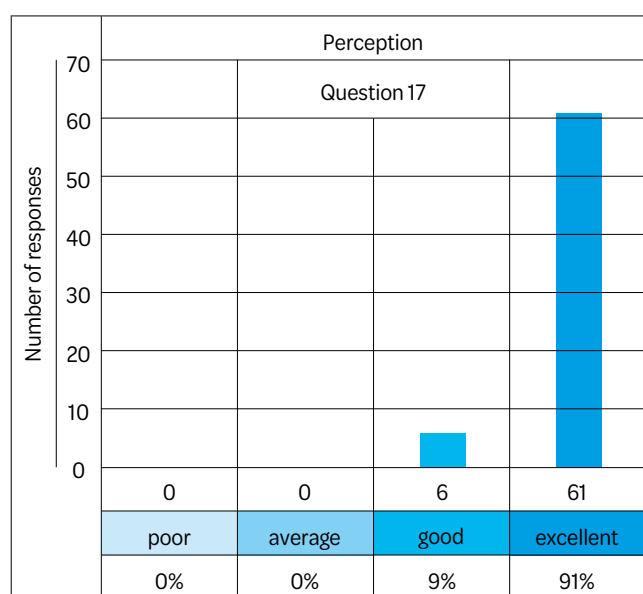


Fig. 17 Graph representing the responses to question number 17: "Did the hygienist seem adequately trained to approach the child?"

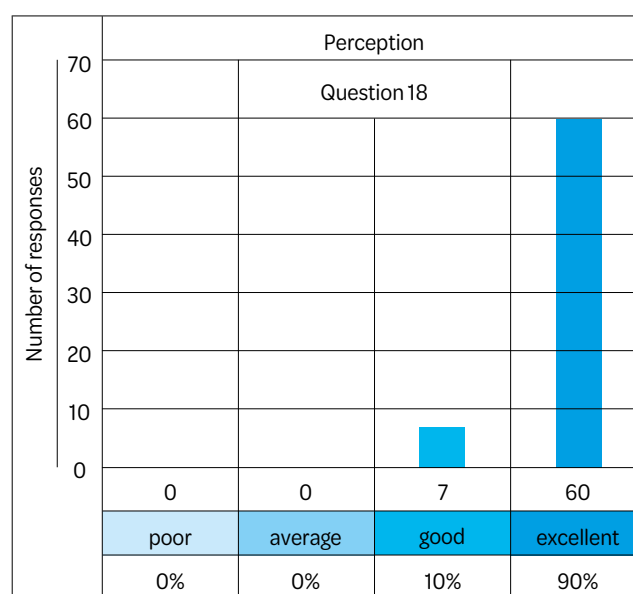


Fig. 18 Graph representing the answers to question number 18: "Would you submit the child to a professional hygiene session with the hygienist again?"

regional ULSS companies. In 2022, submissions were nearly evenly split between users from the local ULSS and those from other regional ULSS companies.

Discussion of questionnaire results

This study demonstrates high user satisfaction regarding the comprehensibility and visibility of directions to the Community Dentistry Department, with a strong proportion of positive responses (excellent-good), though a small percentage rated them as fair. Courtesy and availability of staff received full satisfaction, with over 90% rating them excellent and the remainder positive (good). Waiting area and outpatient clinic furnishings also yielded high satisfaction, with predomi-

nantly excellent ratings. Comments on specific questions reinforced general satisfaction (Question 6: "Super nice!", "Child- and youth-friendly"; Question 9: "gentle manners suitable for putting children at ease").

Waiting times were well-managed, with 97% of users called within 10 minutes and 3% between 10-15 minutes, thereby enhancing satisfaction and reducing pre-treatment anxiety. Reception and listening by healthcare staff were highly rated, particularly listening (98% very attentive; 2% moderately), outperforming general reception (85% excellent; 15% good). Child anxiety levels varied: over 50% not anxious; 33% slightly anxious; a small percentage moderately or very anxious.

User appreciation is evident in responses to Questions 13

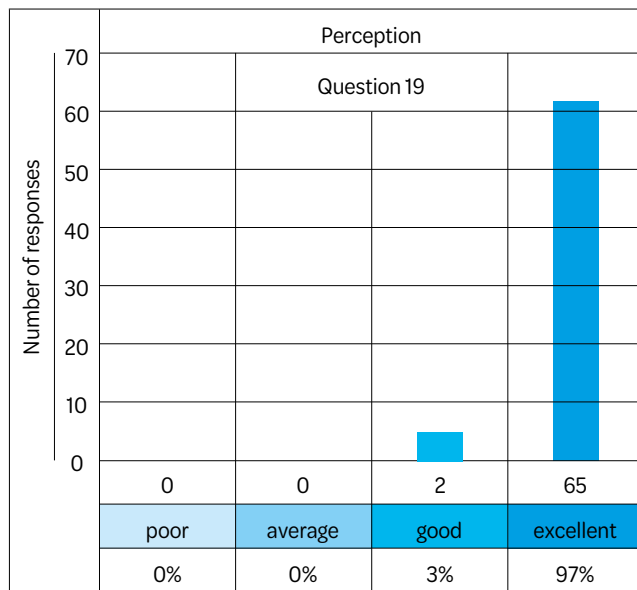


Fig. 19 Graph representing the answers to question number 19: "Was the hygienist able to provide you with comprehensive instructions regarding the most appropriate home oral hygiene methods for your child?"

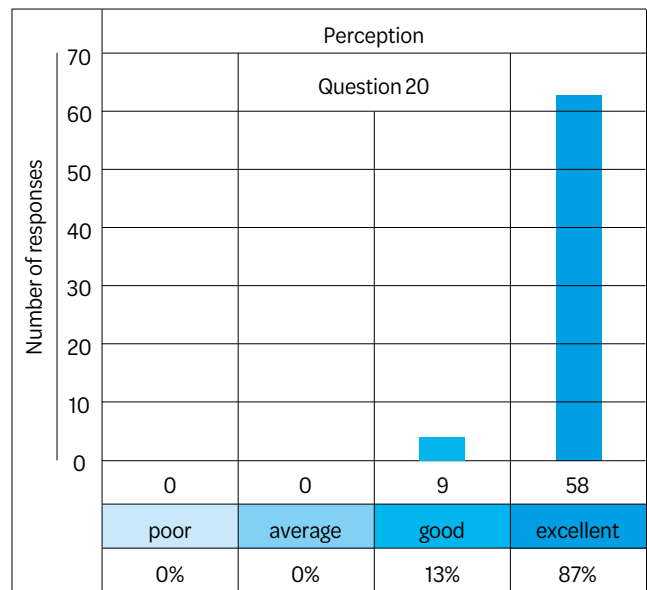


Fig. 20 Graph representing the answers to question number 20: "After the professional oral hygiene session, do you feel more motivated to perform daily oral hygiene at home on your child?"

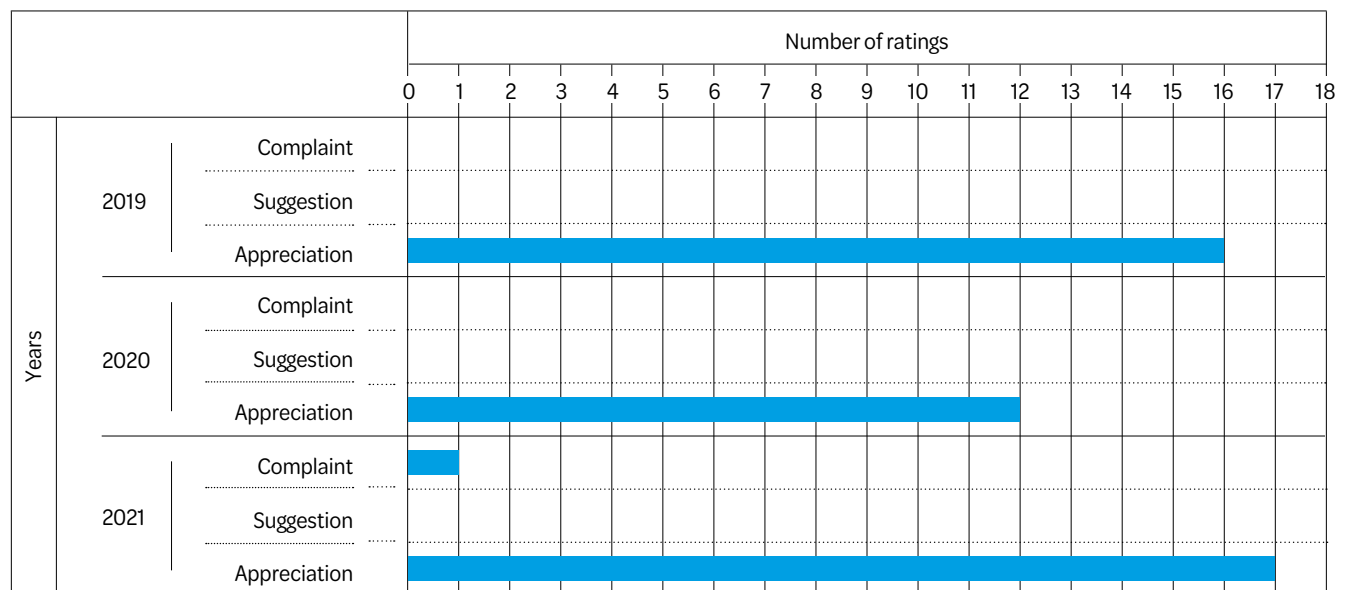


Fig. 21 Chart of complaints, praise, and suggestions for the years 2019, 2021, and 2022.

and 14, reflecting overall experience and word-of-mouth feedback. Dental hygienist evaluations were uniformly positive, especially on Question 19, where nearly all users found instructions on home oral hygiene comprehensive. Ratings exceeded 90% for child interaction and caregiver feedback. For home hygiene motivation, 87% responded decisively yes, while 13% affirmed but only when possible. Reporting forms from 2019, 2021, and January-June 2022 indicate majority appreciation for department management, with all but one containing positive notes; the exception included a complaint about long waiting times for sedation procedures alongside appreciation. Over 50% of reviews across years came from local ULSS users, with some from neighboring regions. Comments highlighted perceived professionalism, kindness, availability, sensitivity, understanding, attention, courtesy, patience, and competence of the dental staff, described as prepared, qualified, professional, and humane.

CONCLUSIONS

In conclusion, the Community Dentistry Department has

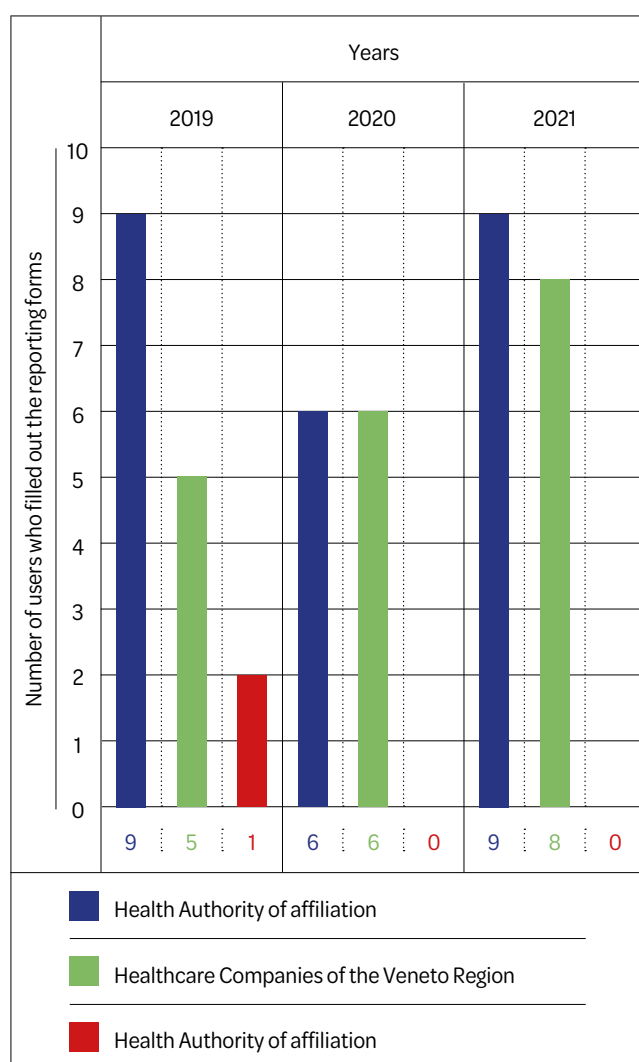


Fig. 22 Breakdown of users who filled out the reporting forms in 2019 based on the local health authority they belong to.

received positive reviews for reception over the years. Users expressed general satisfaction with staff interactions, facility structure, and aesthetics.

Potential improvements include enhancing direction comprehensibility/visibility and reducing waiting times for sedation interventions. The study confirms that maintaining high-quality service requires spacious, clean outpatient environments and courteous patient relations from reception to dismissal.

The healthcare professional, particularly the dental hygienist who sees patients regularly, plays a central role in building empathy, especially with special needs patients. This study highlights that dental hygienists must be trained not only clinically but relationally to foster trust with both patient and caregiver in community dentistry settings for special needs cases.

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