Introduction

As the healthcare system is responsible for and committed to maintaining the health of society and protecting its vitality, service quality has great significance. The healthcare system has unique complexities, so managing its quality is also complicated. Due to the value of people's health status, improving medical service quality and guaranteeing such treatments have attracted great attention. Indeed, the health service quality has not achieved the desirable levels, further emphasizing the value of the health system quality.

Previously, the concept of quality in health referred to the rate of implementation of standards to deliver perfect healthcare services. However, assessing patients' perspectives and desires is more acceptable for evaluating the quality of healthcare nowadays. As one of the ultimate aims of health systems is patient satisfaction and meeting patient's expectations, improving the provided health services facilitates the achievement of this aim.

Thus, gathering adequate data about the patient's perceptions to service quality can be enhanced by paying more attention to the service quality so that participants are satisfied and the motivation to continue using the services of such medical centers increases.

Keywords: Service quality, Perceptions, Expectations, SERVQUAL model, Dentistry
Improving the quality of services is the contributing factor that has a considerable effect on patient satisfaction, and it may encourage patients to receive dental care in the future. If the health system can respond to the patient's expectations, it can contribute to the growth of dental service utilization. Moreover, dental expenditures, expertise, personal characteristics, updated dental science, competency, responsiveness, modern equipment, proper communication, and accessibility are among the critical criteria that may affect patient satisfaction and dental care quality.

SERVQUAL is a popular model for appraising health service quality. It is beneficial to determine the gap between the existing and ideal conditions. Though the model has been mostly used in economic research, using it to evaluate the quality of services in educational medical centers is increasing due to the adoption of a client-oriented approach in the healthcare industry.

Several studies have evaluated the health service quality. The findings of Asgarnezhad Nouri et al showed a gap between managers' and patient's expectations. Hassanzadeh demonstrated that tangibility has the highest gap and reliability has the lowest gap in this model. Kazemnezhad et al showed a negative relation between the patients' perceptions and expectations regarding service quality and its five-fold dimensions.

Research performed on dental care quality has ignored or paid less attention to the role of patient expectations in dental service evaluation. Thus, the main purpose of the present study is to measure the perceptions of patients on the dental service quality in the Dentistry School of Kerman Medical Sciences University (KMU) according to the SERVQUAL approach in 2019–2020.

Methods
This is a cross-sectional and descriptive-analytical that classifies as a practical study. The present study was conducted during the 2019–2020. The population included all the patients who visited the clinical wards of the Dentistry School of KMU, and the sample size was 180 people, calculated using Cochran's formula. However, 200 patients (in equal numbers from each ward) were selected using the simple random sampling technique to deal with the issue of attrition.

The data required to evaluate the service quality of the dentistry school was collected using the standardized SERVQUAL questionnaire. The instrument had two sections. The items of the first section included the participants' demographic information like their gender, marital status, the type of ward, and insurance status, while the second section had 28 items concerning perceptions and expectations of patients in six dimensions that evaluated the expectations and perceptions on the service quality (investigating the existing situation) (investigating the desirable situation). The main dimensions of the service quality are displayed in Table 1. Finally, scoring was performed based on a Likert scale (very low=1 to very high=5), and the gap of perceptions and expectations of patients was determined by subtracting the average scores of the patients' expectations (the existing situation) from the average scores of their perceptions (the desired situation). Positive results meant that the service quality exceeded the patients' expectations, while negative results showed the opposite. Moreover, if the result was 0, it meant that the patient's expectations of the services have no gap with their perceptions.

The SERVQUAL questionnaire is a reliable and valid instrument that has been frequently used to evaluate healthcare services around the world. Its reliability was confirmed (89.3%) in the study by Tabibi et al. Moreover, Mohammadi and Shoghli determined its reliability at 85%. Abolghasem Gorji et al investigated the internal reliability and validity of the questionnaire and they reported the Cronbach's Alpha as 0.945.

The patients returned the questionnaires twice; the first occasion was before starting the process of treatment/diagnosis, and the second one was after that process so that the patients could distinguish their pre-treatment expectations from their post-treatment perceptions. Moreover, parents filled out the questionnaires distributed in the pediatric ward.

Data analysis was conducted using SPSS 26. This stage generally implemented descriptive methods and statistical tests according to the distribution of data. Thus, as the data were not distributed normally, non-parametric tests including the Wilcoxon test, Kruskal-Wallis test, and Mann-Whitney test were implemented.

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tangibility</td>
<td>The facility appearances, physical tools, and instruments, the personnel appearance, the availability of tools to communicate with the organization</td>
</tr>
<tr>
<td>Assurance</td>
<td>The personnel's knowledge and politeness and their ability to create assurance and guarantee services</td>
</tr>
<tr>
<td>Responsiveness</td>
<td>The tendency of the service-providing organization to assist its clients and provide timely and quick services</td>
</tr>
<tr>
<td>Reliability</td>
<td>The ability of the service-providing organization to fulfill its promises meticulously and permanently</td>
</tr>
<tr>
<td>Empathy</td>
<td>Establishing close ties with the clients, empathizing with them, and understanding and attending to them in a special way</td>
</tr>
<tr>
<td>Access</td>
<td>Easy access to services and facilities</td>
</tr>
</tbody>
</table>
Furthermore, the current study was proposed with the serial number 98000801 in the Student Research Committee of KMU and the university Research Ethics Committee and received the code of ethics IR.KMU. REC.1399.284.

**Results**

The rate and relationship of the demographic variables with the participants’ perceived quality of the services are presented in Table 2. As can be observed, the majority of the participants (40%) were 30–40 years old, and the least frequent age range belonged to the participants who were above 50 (12.5%). Moreover, 63% of the participants were female and 37% were male, 84.5% were married, and 6.5% had no insurance coverage. The majority of the participants visited the endodontics ward (22.5%), while the least-visited section was the radiology ward (3.5%).

In addition, Table 2 compares the participants’ expectations and the total quality of the services the KMU Dentistry School provided based on demographic variables (gender, age, marital status, the ward, and insurance status). As can be observed in Table 2, a positive quality gap was found in each variable of the study, which meant the participants’ perceptions exceeded their expectations. Moreover, the results of the statistical tests indicated that no variable had a significant relationship with the perceived quality gap.

Table 3 illustrates the mean scores and Std. deviation values of the questionnaire responses related to patients’ expectations and perceptions in the multiple dimensions of the service quality of KMU Dentistry School as well as the gap between them. From the results obtained from Wilcoxon’s test (a non-parametric test), it was observed that the differences (gap) between the patient’s expectations and perceptions regarding the quality of services were significant in all aspects ($P < 0.05$). The patient’s perceptions regarding the quality of services were above their expectations in all dimensions and the gaps were positive. Moreover, the highest quality gap was related to assurance, and the lowest gap was observed in the aspect of access.

**Discussion**

The present study was conducted using the SERVQUAL standard questionnaire, which is one of the most widely used tools for assessing service quality. The main purpose of the current study was to evaluate the quality of services from the perspective of patients referred to KMU Dentistry School in 2018–2019.

The study findings show the mean scores of patients’ expectations of service quality at KMU Dentistry School were not significantly different from the mean scores of their perceptions of the quality of services. In other words, the offered services were able to meet the patient’s needs, and a positive gap was observed in every aspect. As fulfilling a patient’s expectations is an indicator of

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**Table 2. The rate and relationship of the demographic variables with the participants’ perceived quality of services**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
<th>Percentage</th>
<th>Expectations</th>
<th>Perception</th>
<th>Gap</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Male</td>
<td>74</td>
<td>37</td>
<td>3.07</td>
<td>3.87</td>
<td>0.8</td>
<td></td>
</tr>
<tr>
<td>Gender Female</td>
<td>126</td>
<td>63</td>
<td>3.13</td>
<td>3.87</td>
<td>0.74</td>
<td>0.719</td>
</tr>
<tr>
<td>Age Less than 30</td>
<td>30</td>
<td>15</td>
<td>3.01</td>
<td>3.55</td>
<td>0.54</td>
<td></td>
</tr>
<tr>
<td>Age 30 to 40</td>
<td>80</td>
<td>40</td>
<td>3.07</td>
<td>3.87</td>
<td>0.8</td>
<td>0.404</td>
</tr>
<tr>
<td>Age 40 to 50</td>
<td>65</td>
<td>32.5</td>
<td>3.11</td>
<td>3.95</td>
<td>0.84</td>
<td></td>
</tr>
<tr>
<td>Age More than 50</td>
<td>25</td>
<td>12.5</td>
<td>3.33</td>
<td>4.4</td>
<td>0.71</td>
<td></td>
</tr>
<tr>
<td>Marital status Single</td>
<td>31</td>
<td>15.5</td>
<td>3.00</td>
<td>3.66</td>
<td>0.66</td>
<td>0.696</td>
</tr>
<tr>
<td>Marital status Married</td>
<td>169</td>
<td>84.5</td>
<td>3.13</td>
<td>3.91</td>
<td>0.78</td>
<td></td>
</tr>
<tr>
<td>Clinical department Oral, maxillofacial surgery</td>
<td>28</td>
<td>14</td>
<td>3.01</td>
<td>3.84</td>
<td>0.83</td>
<td>0.112</td>
</tr>
<tr>
<td>Clinical department Radiology</td>
<td>7</td>
<td>3.5</td>
<td>2.75</td>
<td>3.63</td>
<td>0.88</td>
<td></td>
</tr>
<tr>
<td>Clinical department Orthodontic</td>
<td>8</td>
<td>4</td>
<td>3.33</td>
<td>4.59</td>
<td>1.26</td>
<td></td>
</tr>
<tr>
<td>Clinical department Diagnosis and oral medicine</td>
<td>10</td>
<td>5</td>
<td>2.92</td>
<td>4.05</td>
<td>1.13</td>
<td></td>
</tr>
<tr>
<td>Clinical department Pediatric dentistry</td>
<td>19</td>
<td>9.5</td>
<td>3.06</td>
<td>3.77</td>
<td>0.71</td>
<td></td>
</tr>
<tr>
<td>Type of department General departments</td>
<td>122</td>
<td>61</td>
<td>3.10</td>
<td>3.78</td>
<td>0.68</td>
<td>0.125</td>
</tr>
<tr>
<td>Type of department Specialty departments</td>
<td>78</td>
<td>39</td>
<td>3.12</td>
<td>4.00</td>
<td>0.88</td>
<td></td>
</tr>
<tr>
<td>Insurance status With insurance</td>
<td>187</td>
<td>93.5</td>
<td>3.10</td>
<td>3.85</td>
<td>0.75</td>
<td>0.850</td>
</tr>
<tr>
<td>Insurance status Without insurance</td>
<td>13</td>
<td>6.5</td>
<td>3.24</td>
<td>4.19</td>
<td>0.95</td>
<td></td>
</tr>
</tbody>
</table>
Table 3. Determining the gaps between the expectation and perception of the dimensions of quality service

<table>
<thead>
<tr>
<th>Dimensions</th>
<th>Questions</th>
<th>Expectations</th>
<th>Perceptions</th>
<th>Gap</th>
<th>Wilcoxon’s test P value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mean ± SD</td>
<td>Mean ± SD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangibility</td>
<td>1. The physical environment of the college is attractive and suitable.</td>
<td>3.11 ± 0.721</td>
<td>3.67 ± 0.963</td>
<td>0.51 ± 1.09</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td></td>
<td>2. Dentists, students, and employees have a clean and orderly appearance.</td>
<td>3.68 ± 0.616</td>
<td>4.45 ± 0.640</td>
<td>0.77 ± 0.86</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. The facilities and medical equipment seem suitable and up-to-date.</td>
<td>3.23 ± 0.859</td>
<td>3.94 ± 0.988</td>
<td>0.71 ± 1.25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Signs are visible, attractive, and have a good appearance</td>
<td>2.95 ± 0.834</td>
<td>2.58 ± 1.122</td>
<td>-0.36 ± 1.21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. There is a comfortable and clean waiting room.</td>
<td>3.07 ± 0.821</td>
<td>2.84 ± 1.155</td>
<td>-0.23 ± 1.23</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>3.20 ± 0.62</strong></td>
<td><strong>3.49 ± 0.72</strong></td>
<td><strong>0.28 ± 0.86</strong></td>
<td></td>
</tr>
<tr>
<td>Assurance</td>
<td>6. The service is provided on time and at the appointed time.</td>
<td>2.99 ± 0.921</td>
<td>4.06 ± 1.172</td>
<td>1.07 ± 1.44</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Dentists and faculty staff seem professional and competent.</td>
<td>3.35 ± 0.831</td>
<td>4.48 ± 0.783</td>
<td>1.12 ± 1.09</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td></td>
<td>8. Documents related to the provided services are prepared on time and</td>
<td>3.04 ± 0.592</td>
<td>3.60 ± 0.902</td>
<td>0.56 ± 1.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>without mistakes.</td>
<td>3.43 ± 0.872</td>
<td>4.62 ± 0.698</td>
<td>1.19 ± 1.03</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. The balance between the fees and the provided services seems</td>
<td>3.13 ± 0.862</td>
<td>4.30 ± 0.997</td>
<td>1.17 ± 1.27</td>
<td></td>
</tr>
<tr>
<td></td>
<td>appropriate.</td>
<td><strong>Total</strong></td>
<td><strong>3.22 ± 0.65</strong></td>
<td><strong>4.38 ± 0.67</strong></td>
<td><strong>1.16 ± 0.88</strong></td>
</tr>
<tr>
<td>Responsiveness</td>
<td>11. The speed of providing services to patients is acceptable.</td>
<td>2.98 ± 1.002</td>
<td>4.12 ± 1.178</td>
<td>1.13 ± 1.46</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. The staff and dentists have a friendly relationship with the patients.</td>
<td>3.18 ± 0.932</td>
<td>4.24 ± 0.947</td>
<td>1.06 ± 1.25</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td></td>
<td>13. There is a constant desire among staff to help patients.</td>
<td>3.02 ± 0.921</td>
<td>3.90 ± 1.042</td>
<td>0.88 ± 1.30</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14. The questions raised by the patients are properly answered.</td>
<td>3.00 ± 0.888</td>
<td>4.03 ± 1.020</td>
<td>1.02 ± 1.28</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td></td>
<td>15. The admission provides the necessary guidance to patients.</td>
<td>2.92 ± 0.950</td>
<td>3.70 ± 1.148</td>
<td>0.78 ± 1.38</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>3.01 ± 0.82</strong></td>
<td><strong>3.99 ± 0.87</strong></td>
<td><strong>0.97 ± 1.13</strong></td>
<td></td>
</tr>
<tr>
<td>Reliability</td>
<td>16. The dentists’ knowledge and expertise in treating patients seem to be</td>
<td>3.44 ± 0.662</td>
<td>4.52 ± 0.694</td>
<td>1.08 ± 0.92</td>
<td></td>
</tr>
<tr>
<td></td>
<td>be sufficient.</td>
<td>3.33 ± 0.770</td>
<td>4.57 ± 0.691</td>
<td>1.24 ± 1.05</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18. The disease and its medical conditions are explained to the patients.</td>
<td>3.15 ± 0.821</td>
<td>4.34 ± 0.859</td>
<td>1.18 ± 1.21</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td></td>
<td>19. Patient privacy is respected by the dentists and staff.</td>
<td>3.13 ± 0.835</td>
<td>4.35 ± 0.895</td>
<td>1.22 ± 1.08</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20. Receiving services is accompanied by a sense of security in all</td>
<td>3.06 ± 0.754</td>
<td>4.15 ± 0.941</td>
<td>1.09 ± 1.14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>working shifts.</td>
<td><strong>Total</strong></td>
<td><strong>3.18 ± 0.64</strong></td>
<td><strong>4.21 ± 0.66</strong></td>
<td><strong>1.02 ± 0.94</strong></td>
</tr>
<tr>
<td>Empathy</td>
<td>21. Patients are kept informed, and their ideas and opinions are heard.</td>
<td>2.97 ± 0.804</td>
<td>3.96 ± 0.912</td>
<td>0.99 ± 1.14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22. Feedback about the service quantity and quality is taken from patients.</td>
<td>2.93 ± 0.723</td>
<td>3.33 ± 0.897</td>
<td>0.39 ± 1.03</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td></td>
<td>23. The staff and dentists show that they are interested in providing</td>
<td>3.06 ± 0.768</td>
<td>3.93 ± 0.851</td>
<td>0.87 ± 1.09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>services to patients.</td>
<td>3.14 ± 0.702</td>
<td>3.90 ± 0.889</td>
<td>0.76 ± 1.07</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>3.02 ± 0.65</strong></td>
<td><strong>3.78 ± 0.74</strong></td>
<td><strong>0.75 ± 0.92</strong></td>
<td></td>
</tr>
<tr>
<td>Access</td>
<td>25. Appropriate facilities are provided for patients’ companions.</td>
<td>2.85 ± 0.705</td>
<td>2.39 ± 1.138</td>
<td>-0.46 ± 1.26</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td></td>
<td>26. While there is easy access to the dentistry school, treatment costs</td>
<td>3.31 ± 0.690</td>
<td>4.39 ± 0.907</td>
<td>1.08 ± 1.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>are affordable.</td>
<td>2.99 ± 0.719</td>
<td>3.70 ± 1.208</td>
<td>0.70 ± 1.35</td>
<td></td>
</tr>
<tr>
<td></td>
<td>27. Access to dentists and staff is good.</td>
<td>2.71 ± 0.747</td>
<td>2.41 ± 1.031</td>
<td>-0.30 ± 1.06</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>2.96 ± 0.58</strong></td>
<td><strong>3.22 ± 0.77</strong></td>
<td><strong>0.25 ± 0.90</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total quality</strong></td>
<td><strong>3.11 ± 0.56</strong></td>
<td><strong>3.87 ± 0.56</strong></td>
<td><strong>0.76 ± 0.75</strong></td>
<td></td>
</tr>
</tbody>
</table>
the desirable status of healthcare organizations, this can be
determined by investigating the gap between the existing
and desired states. Thus, the smaller the gap between
the patient’s expectations and the services they receive, the
higher the quality of services.\textsuperscript{20}

Baldwin conducted a study on the patients of Australian
dentistry clinics using the SERVQUAL model and found a
positive gap between the participants’ expectations and
perceptions of the quality of services offered by the clinics.\textsuperscript{21}
Moreover, Ghanbarzadegan et al investigated the provision
of clinical services in the dentistry school of Rafsanjan
University of Medical Sciences. Unlike the current study,
they found a negative gap between the expectations and
perceptions in all aspects of the questionnaire.\textsuperscript{22} Bahreini
et al investigated dentistry students’ opinions concerning
the gap in the quality of educational services and found a
negative gap in every aspect.\textsuperscript{23} Sadiq Sohail conducted a
study titled “The Quality of Services in Hospitals: Better
than What You Think” and investigated the quality of the
services provided by private hospitals in Malaysia. The
study showed that a gap existed between the expected
and perceived quality scores. In other words, they
demonstrated that the patient’s perceived quality of the
offered services exceeded their expectations.\textsuperscript{24}

The quality gap in the current study was positive, and
the quality of the offered services exceeded the participants’
extpectations in every aspect. Nevertheless, more accurate
investigations indicated that this gap was not significant.
A significant positive quality difference was observed
in the assurance aspect. Investigating the items of
the questionnaire indicated that this aspect was mostly
associated with the dentists’ specialized knowledge and
honoring and dignifying the patients and their privacy,
and the highest rate of satisfaction was observed in this
aspect.

Karydis et al\textsuperscript{25} in a study on dentistry services in
Greece and Lim & Tang in another study on Singaporean
patients,\textsuperscript{26} indicated that responsiveness had the
greatest gap. Various studies have been performed on
the healthcare service quality in Iran. Aghamolaei et
al found that 64% of the people gave an average service
quality assessment. The most significant aspect of the
quality according to the participants’ perceptions
and expectations was assurance, then the responsiveness,
tangibility, and empathy ranked next, in decreasing
order.\textsuperscript{27}

In the present study, the least considerable positive
difference was founded in the access and tangibility
aspects. Actually, the patients who visited the dentistry
school were less satisfied with items like access to services
and the physical and environmental conditions of the
school and its wards. Mohammadi and Shoghi showed
that their participants perceived the tangibility aspects
of the services as better compared to other aspects.
Nevertheless, assurance received the lowest perceived
score in terms of service quality in that study,\textsuperscript{18} which was
contradictory to the present study findings. Moreover,
Ghanbarzadegan et al found that the highest dissatisfaction
rate was related to access, and the least dissatisfaction
was found in assurance.\textsuperscript{22} The study by John et al indicated a
meaningful relationship among the patient’s expectations
and perceptions of the provided services across entire
aspects.\textsuperscript{29} This was similar to the findings of the present
study. Rad et al found that the patients and employees had
high expectations of dentistry services.\textsuperscript{20} Pekkaya et al
showed that reliability was the most significant dimension
of outpatient patients’ satisfaction.\textsuperscript{30}

Looking at the findings of the researchers that have
used the SERVQUAL approach to investigate dentistry
departments indicates that the aspect of access received
the lowest scores of satisfaction in almost all of them.
Although in our study, the quality of services in dentistry
school was far from ideal, it received acceptable scores
across all quality aspects. Thus, no modification (except
in a limited number of cases) is necessary.

The findings of the study can make service providers
aware of the patient’s needs so that they can make plans
to progress the function quality to meet patients’ needs.
Thus, the officials of the dentistry school should introduce
mechanisms that encourage dentistry students to offer
client-oriented services and guarantee their patients’
satisfaction. This requires that the students attain a more
profound understanding of their roles and statuses in
making their patients feel satisfied and adapt to roles
that are related to educational, communicative, and care
provision aspects (among others). Moreover, bridging
the gap and increasing the quality requires providers to
take good care to give services in a careful and in time.
Committing to the promised services creates trust and
satisfies the clients. Thus, the above considerations
indicated that adopting solutions like renovating the
physical environment of the clinic, implementing
convenient equipment, and strengthening the employees’
motivation and organizational commitment can increase
the clients’ satisfaction regarding the offered services.

\textbf{Strengths and limitations}

Examination of the service quality from different
dimensions is the main point of this research which led to
a comprehensive evaluation of the services.
Assessing the service quality in this research has been
done by comparing the existing and desired conditions of
services in the patients’ perspective, so the independence
of opinions and differences in people’s preferences have
been considered, and prescriptive standards have been
avoided.

One of the most important this study limitations is the
utilization of a questionnaire as a data collection tool.
Because of its natural limitations, this tool alone is an
imperfect instrument for collecting data.
Converting qualities into numbers (questionnaire choices) commonly creates limitations in generalizing the results, and the current research is faced with this problem too. Answering the questions of the questionnaire depends on the judgment of the subjects, so their inclinations, prejudices, and experiences may have affected the results of the research.

Conclusion

The current study indicated an overall positive gap between the participants’ expectations and the services they obtained from the dentistry school. Moreover, investigating the items of the questionnaire showed that fields related to the dentists’ professional qualifications and their knowledge and expertise had the smallest gap, and the participants mostly considered the dentists as having sufficient qualifications and skills. This can be regarded as the most significant potential of the dentistry school to gain the patients’ trust and meet their needs.

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Competing Interests

The authors do not have any conflict of interest.

Data Availability Statement

The authors confirm that the supporting data is accessible.

Ethical Approval

The current study was passed by the Research Ethics Committee of Kerman Medical Sciences University with the code of ethics IR.KMU.REC.1399.284.

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