

Patients' perceptions about dentists

A literature review

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Abstract

The aim of this review is to evaluate the main variables and aspects that influence patients' perceptions about dentists as reported in mainstream literature. The literature search was made in PubMed, SciELO and Google Scholar. We found that patients' perceptions rely primarily on their previous experience with the professional, as some people value the professional's technical skills, while others value their communication skills. Among the negative perceptions are the fear of pain and how to handle it, which can limit dental care seeking behaviors, and the availability and cost of dental care. Other factors: age –patient and dentist– and sex, as when patient and dentist are both men or women, the shame and fear of physical contact during the exam is reduced.

Keywords: Perceptions, Dentists, Health personnel, Patients, Dental anxiety. [MeSH]

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Introduction

There are many factors that influence health care seeking behaviors. These can be perceived as hindering or facilitating professional health care (1). Additionally, professionals' perceptions are also relevant, as they influence the health care they provide, while users' perceptions are related to the type of care provided (2).

Assessing patients' perceptions and beliefs about dentists can provide relevant information to suggest ways to meet patients' needs. Additionally, this type of assessment can be very valuable when measuring the results of specific treatments (3). Satisfaction is considered a complementary measure when assessing health care services, processes and outcomes (4). Knowledge of patients' perceptions can help dentists gain a better understanding of public perceptions of dentistry as a profession, and therefore to enhance their interpersonal relationships with patients (5).

Evidence suggests that patients that are satisfied with dental treatments have positive care experiences and seek dental care for prevention purposes, which results in good oral health. In contrast, patients that have had negative experiences regarding the relationship with the dentist and the dental treatment tend to avoid dental care (5).

However, only a few papers published in indexed journals integrate these factors and their influence on patients' behavior. The aim of this article is to present the outcomes described in the literature regarding the perception that the general population has of dentists.

Method

In this literature review we considered several aspects related to people's perceptions of dentists. Search criteria:

1.- Search sources: Google Scholar and PubMed search engines, and SciELO collections.

2.- Keywords: In Spanish and English: *Perceptions, Opinions, Dentists, Health Professionals, Dentistry, Patients, People, Children, Fear*. The relevance of each article was determined according to the empirical or theoretical data contributions made to people's perceptions of dentists.

3.- Time span: 2008-2014. Relevant articles published before this period were also included. They were obtained from the references included in the articles published between 2008 and 2014.

4.- Selection criteria: Original articles, reviews and theses (this category was found in Google Scholar) were included. Editorials, letters to the editor and web pages were excluded.

5.- A total of 72 documents were collected. Finally, 30 documents were included in the review, preferably from the 2010-2014 period. Articles published before 2010 and which had the same information as more recent articles were excluded.

The information in each article was classified into the categories stemming from the critical analysis of the texts.

The actions of health professionals

Health professionals are usually sociable and can interact with people, and can also trust them. They are not submissive but they are not controlling either, and they are self-sufficient enough to make their own decisions. Besides, they have the necessary intelligence and emotional stability to be successful professionals. They are objective, practical, conservative and respectful, thanks to the training received (6).

Respect for dignity appears to be a key value. Dignity is an obligation and a right

in professional codes and in the declarations of human rights. Healthcare professionals need to permanently promote respect for the dignity of their patients (7).

Until a few decades ago, professionals were concerned only with the patient's well-being, regardless of the cost of the treatments provided in their clinical practice. However, recently there has been greater social responsibility that has integrated several aspects such as respect for individual values and the effective management of resources (8).

Perceptions about dentists

In the last few decades, patients have become critical consumers that search for well-priced services. Additionally, patients' general requirements and expectations are higher, which results in greater levels of dissatisfaction when treatments do not meet their expectations (9).

Patient satisfaction with the care or previous treatments received depends mainly on where the service was provided; there are major differences between the care provided in a public service clinic and that provided in a private clinic. Private clinics are companies whose aim is to find clients, so they do everything possible to satisfy their needs (10). The increasing cost of dental equipment and treatments forces dentists to raise their fees, which is why in many countries, dental health care cannot be afforded by a large percentage of the population. Given the high cost of dental care, low-income individuals have the perception that dentists are greedy, selfish, and uninterested in public health services (11). People generally find a certain degree of injustice in dental care. A study conducted in the State of Espírito Santo in Brazil shows that oral health is an objective expression of social differences, and that dental health is

like "the wounds of social injustice" (12).

Furnham et al., in England, found that within professional aspects, patients find the following very important: professional certification, the location of their training or professional experience, and personal traits such as sex, age, race, among others (13). In contrast, a study conducted by DiMatteo et al., in the United States, found that the most important factors for patients are the professional's ethical behavior, a good diagnosis and quality treatment, and the dentist's communication skills (5).

Among the negative perceptions people have of dentists we find fear of pain and pain management (3). Fear and pain have become strongly associated with the image of dentists over time. At first, dental activity was very basic: in some cultures it was even used as a form of punishment and torture (14). In many cases, fear, suffering and anxiety prevent people from seeking dental care, which hinders the assessment of quality care (15). Nowadays, the public's view of dentists has become more positive thanks to technological advancements that have made it possible to have less painful treatments (11).

As aesthetics has gained interest, advertising ads have brought dentistry services closer to an aesthetic improvement rather than to the concept of a medical need. People expect dentists to provide the necessary services so that their smiles are perfect. This results in patients being dissatisfied with the treatments received, which in turn leads to a negative perception of the dentist in charge (11).

Although the general perception of dentists is that they do not deliver a service that meets patients' expectations and that they are driven by money, individual experiences at a more professional level have much more positive perceptions of the profession. While many people cannot even afford basic dental care,

others consider it an aesthetic product (11).

Factors that determine the attitude towards dentists.

Patients believe that an excellent or “ideal” dentist should have the following traits: professional skills, friendliness, good communication skills, trust, support, and concern for prevention and state-of-the-art equipment (5).

Patient-professional communication improves the rate of success in future treatments. To do this, dentists should adapt their technical discourse by reducing the number of technical words they use, and by adapting to the patient’s language and way of speaking. They should also improve their non-verbal communication by using facial gestures and body language (16). Communication is very important in health care, as a strong link has been found between good communication and adherence to the treatments and indications prescribed by the professional. If the professional was not clear when giving indications or if the patient did not understand the explanations, there is a high risk of lack of adherence to the treatment, which increases the risk of failure of the treatment (17). Most patients’ complaints arise because of a flawed dentist-patient relationship: this is a clear example of the importance of communication between professionals and their patients (9).

Dentists adapt their attitude to their patients, according to each patient’s personality, while their professional role only adapts to the situation they are in with the patient. Additionally, they adapt their vocabulary according to the patient’s personality, predisposition and attitude, and not just according to education level (18).

Another factor that influences patients’ attitudes towards dentists is age: both the

patient’s and the dentist’s age. Regarding patient preference for different age groups in dentists, studies have shown that patients prefer older professionals, as they believe that they have better interpersonal skills and more experience when compared to younger professionals. In contrast, other studies suggest that patients have better perceptions of younger professionals, as they use newer techniques and more advanced technological equipment (19). Besides, a review of medical care in the United States indicates that elderly people have a more negative perception of new technologies and therapies applied in different treatments, which they reject more frequently (20).

Regarding the patient’s age, younger patients, who also tend to be better educated, like to participate in the decision-making process involved in their treatment (21). Other studies have also proved that the older the patient and the higher their income, the more they will respect and trust the dentist. This may be due to the fact that people in a better socio-economic situation have received better care. Additionally, younger patients find that communication is more important, possibly due to the fact that the younger generation is more aware of their rights (5).

Gender stereotypes usually result in a number of generalizations that influence patients’ perceptions (22). Patients tend to prefer same-sex professionals, as when patient and dentist are both men or women, the shame and fear of physical contact during the exam is reduced (13). In the past there was a preference for male dentists. Nowadays, a slight preference for female dentists has been shown. Female dentists are perceived as more caring, submissive and expressive when compared to their male peers (22). Children, as adults do, prefer to have same-sex care. A study conducted by AlSarheed indicates that girls go

to the dentist more often than boys (23). In some places, another relevant factor is the ethnic origin of the professional. It has been shown that patients prefer professionals of the same ethnic origin or of cultures that are similar to their own, as this improves professional-patient communication (13) and the patient's understanding of the explanations given by the professional. However, some studies conducted in England among university students have shown that patients are now more open to accepting professionals that come from different ethnic groups (19).

The first impression patients have of the dentist influences care-related expectations, their opinion about the professional, and how much they trust the professional's ability to provide the different types of treatment (24). The health professional's demeanor is strongly linked to better patient predisposition. Patients prefer a professional that dresses in a traditional way. The appearance and behavior of dentists reflect their integrity as professionals. Their attire influences the patient's comfort and anxiety levels, and it also affects the patient's perception of the care they will receive in the future (24).

Most patients feel they can trust a well-dressed professional, and that they are more efficient and competent. In contrast, facial jewelry, non-traditional haircuts and facial hair in men reduce the patient's degree of trust. Patients prefer dentists that wear formal suits, that have tidy hair (worn up for women, well-shaved for men) and that wear an identification badge (25).

Although physical appearance is essential when patients select a dentist, personal attributes are more important: kindness, willingness to listen and technical skills (23). This is confirmed by another study that suggests that although first impressions influence patients' perceptions, the dentist's

communication skills, behavior and attitude towards patients are more important (24).

Costs and access to dental care

Users of public and private services state that one of the main challenges is accessing health care, despite the strategies implemented in both sectors to improve such access. While public services users have free access, especially in emergency cases, private services users can access health care sooner and at more flexible times (21).

Most patients that have a negative perception believe that the care received was adequate, but think that charging for the care is inadequate, as this is health care for people. Additionally, further studies confirm that patients with a higher education level question the care received more (26). Regarding dental care for children, many parents do not take them to see a dentist because of the high costs of dental treatments (27).

As patients cannot afford treatments, they are forced to reach a point where their oral health is so compromised that they simply resign themselves to losing teeth instead of treating the problem and taking preventive measures (11).

Dental fear or phobia

Dental fear is a normal emotion, a reaction to one or more specific threatening stimuli in a dental care situation, while dental anxiety refers to a state of apprehension that something dreadful is going to happen as a consequence of dental treatment (28). The fear of receiving dental care or of the dentist can be described atypically, because, as opposed to other phobias, patients are regularly subjected to their fears. Phobic patients are also anxious, therefore dentists must make them feel comfortable as soon as possible.

Additionally, the phobic patient's memories and previous experience of dental treatment are subjective and unrealistic. To understand and treat a dental phobic patient, the patient's previous experience must combine with an intuitive way of understanding and treating the patient (18). Going to the dentist is considered the second most frequent fear in the population. To overcome these negative perceptions and to combat fear, dentists must establish a friendly relationship with patients, especially children (23).

Fear appears in two different ways: through their own experiences and through the experiences of others. The specific stimuli that cause the fear are the instruments, especially needles, the drill and the treatment itself. Dentists must pay attention to the fear the patient feels, and also have a more interactive approach that will help strengthen the dentist-patient relationship, so as to control and mitigate such fear (14).

Dental anxiety can appear after a series of negative dental care experiences. The mass media have had a key role in the development of dental fear and anxiety, both in children and adults. Dentists have been portrayed in different mass media (cinema and television) and commercial advertising media, sometimes negatively, which has affected people's fears and has distorted people's general perception of what dentists are really like (11).

Referring children to a pediatric dentist is a very common practice. In the last few decades, children have increased their visits to the dentist. In this context, dental fear is a child's normal reaction to an unknown situation (29). Children's greatest fears are related to anesthetic injections, tooth removal, drilling and dental restorations, and seeing dental instruments. Other factors may contribute to a child's fear, such as siblings' or peers' scary stories about their previous visits to a dental clinic (23).

Parents' beliefs and attitudes to dentists can

influence both the children's perceptions and the oral health care and practice of the children (27). Parents' fear levels play a key role in their children's development of dental anxiety. Dental fear is transferred emotionally from parents to children. In turn, the child's ability to face dental treatment depends on the absence of anxiety in the child's parents (29).

Some studies suggest that as children grow up, they become more fearful of going to the dentist, because when the children were younger they were better instructed about the positive aspects of dentistry. However, as they grow older, they are no longer comforted by the positive aspects of dentistry and become more anxious and fearful (11). The negative image of the dentist begins to appear in childhood, and once it is established, it is kept throughout life (15). As many studies suggest, children's fear of dentistry is normal, and so is adults' fear of dentists, which is commonplace, natural and inherent (14).

Nowadays, mass media influence the way people think and behave to a great extent. Their power has a strong influence on education, health promotion and oral health-related consumerism. It is well known that dental treatment can be uncomfortable: this image is extensively exploited by the mass media. This has resulted in the creation of an imaginary and popular idea of what a dentist is, associated with fear and pain, which in turn has stigmatized dentistry.

The influence of television and cinema on their users is self-evident, as this idea is taken as potentially real, when in most cases, it is not. A study found that films highlighted the negative aspects of dentists. Among the negative characteristics connected with dental treatment we find fear, pain, lack of a feeling of safety and violence. Regarding the professionals' behavior, dentists are portrayed as clumsy and not very communicative (15).

The Internet also portrays dentists. Many different types of depictions appear, among them images that appear when conducting searches. A study showed that most dentists' images on the web are negative, portraying fear, pain caused through dental procedures, brutality, among other negative depictions, which reinforces their negative image (30).

Conclusion

People's perception about dentists is influenced by a number of factors that depend on the professional, the patient, mass media and the health system. The people that have the worst perceptions of dental surgeons tend not to seek dental care, which leads to dental decay, hence the importance of further research in this area to improve such perceptions, and to encourage people to seek preventive care.

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