

# Patients' beliefs and attitudes to dental treatment: significance for attendance and treatment outcomes in dental practice

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## **Abstract:**

Every patient comes in the dental office with his own prejudice, attitudes, and value system. There are significant variations in the patient's behavior and attitude towards treatment. They could be determined by the specific personality characteristics of the patient or the scenario in the dental office. The aim of the current paper was therefore to present author's perspective regarding dental patients' values, beliefs, and attitudes towards dental treatment and to outline to what extent these factors might influence attendance and treatment outcomes in dental practice. Based on patients' beliefs and attitudes to dental treatment, five types of patients in dental encounter are discussed. Despite the variety of characters and behaviors, each patient has the capacity to become the "perfect" patient. If the dentist has any chance of influencing the patient's actions and attitudes toward treatment, he or she should have a deep understanding of this unique perspective. In strategic aspect, key point to remember is how to influence patient's value system by studying and getting to know about his current behavior and past experience in the dental office.

**Key words:** dentistry, doctor-patient relationships, informed consent, types of patients

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## **I. Introduction**

Dentistry is a branch of medicine that deals with treatment and prevention of diseases of the teeth, periodontal tissues, jaws, and orofacial complex. The care provided by dentists is a complex set of instrumental and social technologies to restore the harmony and full functions of masticatory and speech apparatus. The result of their work is a factor for the effective socialization of individual and improving quality of life<sup>1,2</sup>. If in medicine treatment, prevention and cosmetic activities could be conditionally differentiated, then in dentistry the unity of recovery, function and aesthetics is a mandatory condition. Dentistry is a surgery in which the patient is present with all favorable and difficult consequences.

Dentistry is an independent and autonomous profession. However, paradoxically, it is the most dependent one on health policy, expressed in the provision of access to dental care. In addition, regarding barriers to accessing dental care, the current evidence suggests that dental fear has been one of the most important barriers with regard to dental attendance, followed by fear of not being able to pay the price for the necessary treatment<sup>3,4</sup>. To overcome these limitations, patient expects to rely on the competence, goodwill, and understanding of the dentist. Personalization of doctor-patient relationships and transition from paternalistic to partner type of professional contact is based on respect for the patient's autonomy and his informed consent. The latter, in turn, presents in practice the nature of the therapeutic union between the dentist and the patient, in which each part has a specific perimeter of rights and responsibilities<sup>5</sup>.

Most patients visiting dental office suffer from caries or periodontal diseases. They could be in any age group (approximately 98% of the adult population and 60% of children of both sexes)<sup>1</sup>. In most cases, dental patients are autonomous, able to work and contact. Their condition is usually not life-threatening, however, it is associated with pain and discomfort. Unfortunately, most patients still visit the dentist's office only in the presence of a problem or emergency. The most common barriers to regular attendance are lack of time, financial considerations, subjective assessment of lack of treatment needs, fear of dental procedures, etc.<sup>6,7</sup>. These reasons greatly contribute to the worldwide prevalence of chronic dental diseases, which are one of the most common chronic conditions in the population. Although etiological factors for the rise and spread of dental caries and periodontal diseases are known and these diseases are subject to mass prevention<sup>8,9</sup>, the negative trends remain. The aim of the current paper was therefore to present author's perspective regarding dental patients' values, beliefs, and attitudes towards dental treatment and to outline to what extent these factors might influence attendance and treatment outcomes in dental practice.

## II. Types of patients in dental encounter

Every patient comes with his own prejudice, attitudes, and value system. There are significant variations in the patient's behavior and attitude towards treatment. They can be determined by the specific personality characteristics of the patient or the scenario in the dental office, but the most important features in every patient's behavior represent four key types of behavior<sup>10</sup>:

**Table 1:** Main characteristics in dental patient's behavior

Behavior	Meaning	Result
Following the instructions given	Trust and asking the right questions	Clinical excellence that transforms dental practice and patients' lives
Respect the doctor's time	The patient is not late and does not postpone his visits	Proper planning and adherence to the work schedule
Assessment of dental work	Payment as agreed	Improved economic aspects and business development
Positive and constructive attitude	Recommendation to other patients	Increased number of patients and development of dental practice

It has been known that the psychological reactions of the patient in the dental office are determined by several background factors, which can be grouped as follows<sup>11</sup>:

- Socio-economic and living environment
- Lifestyle
- Stress and conflicts in everyday life
- Past experience in the dental office
- Specific reasons for seeking dental help
- Attitude towards his own health
- Belief in the importance of oral health

Unlike social<sup>1</sup> and demographic determinants, which determine patient's behavior and in many cases are difficult and sometimes impossible to be influenced by the dentist, with social values, way of thinking and patient's attitude to dental health, this issue may have other dimensions. There are several typical features in the behavior and attitude of dental patient to the treatment, which allows to conditionally differentiate 5 groups of patients in so-called "pyramid of values". It should be noted that this is a continuum of the value system of each patient and through appropriate clinical and value-centered approaches, during the therapeutic process, the patient can occupy different levels of this pyramid. In some patients, this transition may take only a few visits, and in others it may take 20 years or more, but it is not impossible. Trust in the respective clinician is crucial - the higher the level of trust the patient has in him, the easier it is to influence or build the patient's value system<sup>10</sup>.

**Group 1.** These patients occupy the bottom of the "pyramid of values". They usually seek help for an immediate problem - pain, trauma, something has "fallen" or "broken". Very often the emergency is based on neglecting attitude. The latter may be due to fear, severe financial constraints, or a lack of belief in the importance of oral health. They usually do not attend preventive examinations and accept minimal help, corresponding to their immediate perceptions and needs for dental care<sup>10</sup>. The profile of this group of patients includes so-called "difficult patients" - they do not follow advice and instructions. They usually have a changeable mood, come very anxious and scared. Patients with dentophobia are also included in this group. Contact with them is very difficult (sometimes practically impossible for children). "Aggressive patients" can also be included in this group. They come angry and disappointed. They are usually in severe pain or complication. Such patients have neglected hygiene and delayed care. It is important in such cases that the dentist should stay calm, not to be misled by the patient's tone or be offended by his words. Subsequently, the dentist should invite him to present his specific complaints. If possible, it is good to clarify the situation that caused his reaction of dissatisfaction. Sometimes agreement may not be reached. In this case, the patient may be left to leave.

**Group 2.** These are the patients who visit the dental office only from time to time. They generally understand the need for periodic preventive examinations, but in practice very rarely adhere to this in the long run. The reason is the lack of prioritization of this type of dental procedures at the expense of other "more important" life needs. They tend to accept basic dental manipulations (crowns, fillings, etc.), but if it refers to the implementation of a comprehensive treatment plan, they participate in a limited way. Lack of time or money

<sup>1</sup> Social determinants of health are the conditions in which people are born, grow up, live, work and grow old, incl. the healthcare system. They are complex measures of the influence of a certain social factor or group of factors on health of population<sup>12</sup>.

at this very moment is a common explanation for their behavior. Some of them are sometimes biased towards issues for which they do not have the necessary competence. It is difficult to communicate with this group of patients due to their closedness, suspicion, preconceived notions, and perceptions about oral health. They can be both very silent and very talkative. These patients rather complicate the therapeutic process and require more time to carry out activities.

**Group 3.** These patients appreciate the importance of dental health and generally have a positive attitude towards regular preventive and treatment activities but participate in them with limited parameters. They follow given recommendations for established dental problems that require therapeutic intervention as well as they are accurate in their visits. Their main limitation for receiving more comprehensive care is the financial value of the treatment, so they often refuse more expensive interventions. A special case in this group may be so-called "burdened" patients who think they are disfigured or deformed. Difficulties in communication are possible, caused by low self-esteem or the presence of depressive symptoms. Requirements for the communication of medical staff with such patients include personal warmth, self-esteem, spontaneity, unconditional positive support, empathy, sincerity, not taking a protective position. Building authority and trust is extremely important for positive influence.

**Group 4.** This segment is occupied by patients whose way of thinking goes beyond the basic dental care. They are active, ask a lot of questions, expect explanations, express preferences, require attention and understanding from the dental professional. Rather, these patients help and are willing to cooperate in the treatment process. They often invest in aesthetic procedures - replacement of amalgam restorations, correction of gummy smile or diastema, etc., for which they have the necessary financial security. In most cases, they are aware of their requirements, although sometimes there are patients who make requests that in dentist's opinion are unreasonable, inappropriate, unnecessary, or even harmful to the patient. With these patients, the doctor must present adequate approaches, firmly and convincingly, from the standpoint of a professional, even if the treatment is refused.

**Group 5.** These are so-called "assisting patients". They cooperate with the treatment and their behavior is demonstrated in several ways: they are punctual in their visits, show respect and good attitude towards the dentist, respond adequately and normally to pain and discomfort. These patients have a high level of health culture and are responsible for their health. They do not underestimate the need for preventive examinations and timely treatment. In case of need of complete dental treatment, they perform such, evaluating not only the aesthetic, but also all other biological and social results of the therapeutic process. This is largely determined by the social environment in which they grew up, but also by their previous experience in the dental office. Such patients strictly and consciously follow the measures and behavior recommended by the dentist. They are at the top of the "pyramid of values".

### III. Conclusion

The world around us is changing fast - we can all see that. Dentistry is no exception. These changes concern not only the incredible pace of development of clinical technologies, materials, and techniques, but also people. Patients are becoming more sensible users with rapidly evolving expectations. Dentistry also needs to evolve to meet these expectations in a world of special challenges and special opportunities<sup>10</sup>.

Despite the variety of characters and behaviors, each patient has the capacity to become the "perfect" patient. If the dentist has any chance of influencing the patient's actions and attitudes toward treatment, he or she should have a deep understanding of this unique perspective. In strategic aspect, key point to remember is how to influence patient's value system by studying and getting to know about his current behavior and past experience in the dental office.

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