



Research Article

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Patient's attitude towards dental treatment: Treatment plan versus patient willingness

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Abstract

Aim: This study aims at evaluating patients positive and negative attitude towards dental treatment. **Introduction:** According to Shaw ME and wright JM, "Attitude" is defined as "a relatively enduring system of evaluative affective reactions based upon and reflecting the evaluative concepts or beliefs which have been learned about the characteristic of a social object or a class of social objects". Cooperation from patient plays an important role in success of treatment outcome. Attitude of patients toward dental treatment depends on multitude of factors including credibility of the treating dentist, previous experiences, psychological, social and financial factor. Lack of awareness, fear of pain, past negative dental experiences and unethical dental practice will not only negate the patient's attitude, but may also tarnish dentists reputation. Hence, understanding patients attitude towards dentistry, with minor modifications in order to reduce patient waiting time, fixed appointments, ethical practices may build up positive attitude towards the dental treatment. **Material and Methods:** Approval for the study was obtained from the research committee, Riyadh colleges of dentistry and pharmacy, Riyadh. A cross sectional study was conducted in 100 patients visiting the college. A close ended survey questionnaire was designed including the demographic data (gender, age, education, academic performance, financial problems, medical history, dental examination and treatment plan). Patient attitude and willingness was recorded on "likert style scale".

Keywords: Patient Attitude, Dental Treatment, Academic Institutions.

INTRODUCTION

Ignorance towards dental health is not uncommon owing to lack of awareness about dental problems and lack of understanding the importance of good dental health. However, lack of knowledge is not the only reason. Some people do not want to be treated even though they are aware about its importance [1]. There may be fear of pain or sterilization concerns and some may not be satisfied with the skills and expertise available. In general, in practice and primary care, the major objective is to access the community and provide knowledge about dental health and the importance of treatment and, together with these, promote the quality of the service. To meet this objective, focus should be placed on the views and concerns of patients, and these should be properly evaluated [2, 3, 4]. The opinions of health professionals and those of the receivers of the treatment regarding the quality of the treatment are not always the same [5, 6, 7]. In this context, in order to evaluate the level of patients' satisfaction with primary care, there is a need for a validation mechanism. Attitude is a relatively enduring system of evaluative affective reactions based upon and reflecting the evaluative concepts or beliefs [8]. For health care organizations, measuring patient satisfaction has become incredibly important. Patient satisfaction should have a comprehensive impact at many levels of medical and dental practice [9]. Some well-known elementary relationships should be accepted, given that they are well-established by significant evidence. Patient satisfaction may impact significantly on financial performance [10]. Patient dissatisfaction bears the cost of negative financial impact because the patient is liable to select another health care provider or dental practitioner. The patient's opinion toward the overall quality of care is considerably influenced by non technical aspects of medical care and, ultimately, the health care experience of the patient is a determinant of patient satisfaction [6, 7]. The constant evaluation of information concerning patients' satisfaction regarding treatment helps to enhance the excellence of care [9].

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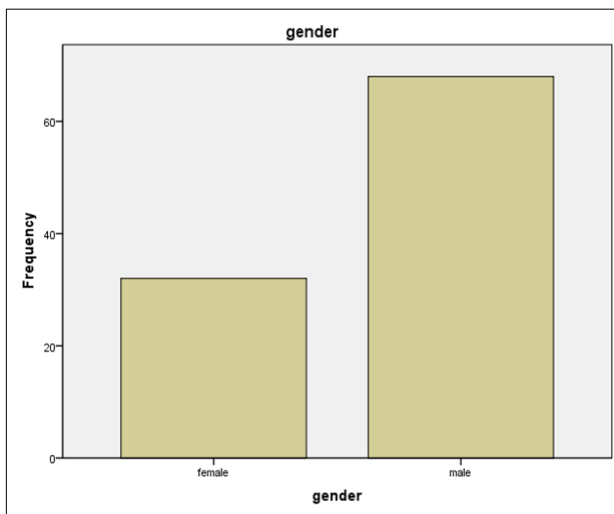
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MATERIAL AND METHODS

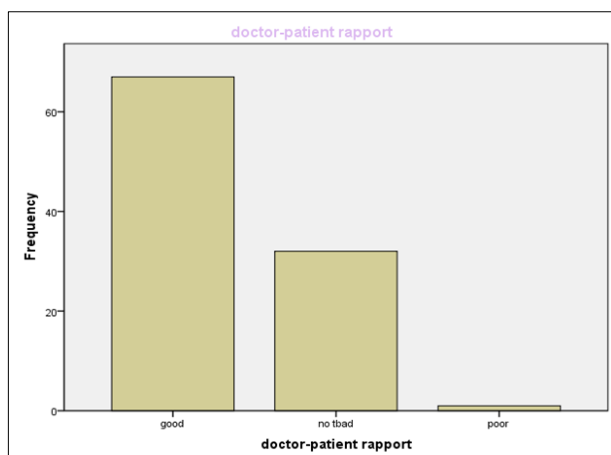
Approval for the study was obtained from the research committee, Riyadh colleges of dental science and pharmacy, Riyadh. A cross sectional study was conducted in 100 patients visiting the college. A closed format survey questionnaire was designed including the demographic data (gender, age, education, academic performance, financial problems), medical history, dental examination, and treatment plan. Patient perception and willingness was recorded on “ likert style scale”. Clearance from Ethical committee of Riyadh college of dentistry was obtained with Ethical Committee Registration no: *FUGRP/2016/65.

RESULTS

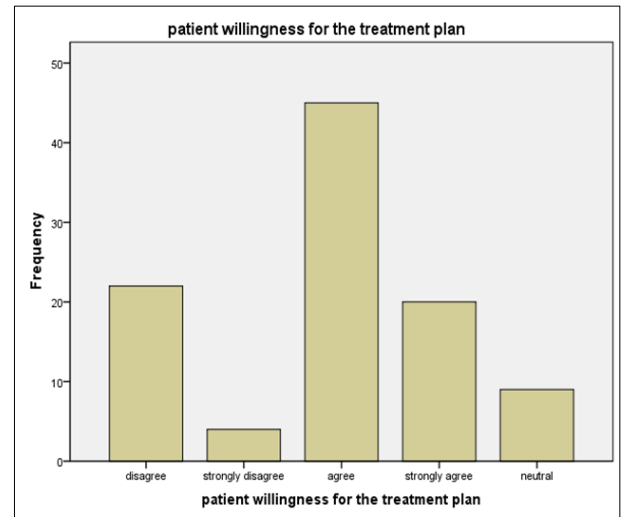
46% of the patients included in this study had completed their school education and therefore can be placed in the educated bracket. 28% patients were glad to undergo dental treatment while 20% patients had a history of traumatic treatment or a bad dental experience. 85% patients confessed to visiting a dentist only when in pain. 28% patients exhibited financial constraints. 22% of the patients disagreed with the proposed dental treatment. 4% patients strongly were skeptical about proposed dental treatment plan while 20% strongly agreed with the proposed treatment plan. 0.00% tabulation between the 2 variables (patient education and patient willingness for the dental treatment) was done to correlate the 2 variables. chi-square test showed a value of <0.05 , which is statistically significant. Similarly chi-square for past dental experience and patient willingness for dental treatment plan, patient doctor rapport, financial problem and patient satisfaction showed statistically significant results.



Graph 1: Male and female participants



Graph 2: Bar graph showing doctor –patient rapport



Graph 3: Bar graph showing patient willingness for treatment plan

DISCUSSION

A person’s attitude, in general refers to his or her behavior. Typically the term “Attitude” is a complex combination of behaviour, motivation, personality, beliefs and values. If a patient has a positive attitude toward dental treatment or a poor attitude, patients’ emotions and behaviour are displayed. A patient’s attitude towards dental treatment encompasses a tri-component model of attitudes including his or her point of view about dentistry (e.g., thought); how he or she feels about this (e.g., emotion), as well as the actions (e.g., behavior) he or she engages in as a result of attitude to preventing health problems.

An attitude includes three components: an affect (a feeling), cognition (a thought or belief), and behavior (an action). Attitude reflects on how we see situations, as well as define how we behave toward the situation or object. Attitudes may simply be an enduring evaluation of a person or an object, or other emotional reactions to objects and to people/patients. Attitude helps a person develop with internal cognitions or beliefs and thoughts about people/doctor and objects. Attitude make us behave in a particular way toward doctor/another person/an object. Although the belief and feeling components of attitude are internal to a person, we can view a person’s attitude from his or her resulting behavior [11].

Dental anxiety is a common problem facing many patients of all ages. It seems to be more in children and adolescents. There were no statistically significant differences in anxiety levels between boys and girls and authors found strong positive correlation between the anxiety level in children and the anxiety level reported by the parents. Patients with previous negative experiences presented higher anxiety levels than those with none [1]. Patient perception and satisfaction are the important factors to be considered and it should be monitored regularly. Appropriate communication is needed for achieving patient satisfaction and motivation to continue their treatment. Five issues that affect patient satisfaction with dental care are: 1. Technical competence 2. Interpersonal factors 3. Convenience 4. Costs and 5. Facilities [13]. Financial problem experienced by people in low economic status makes dental treatment unaffordable. Some suggested that low income families may purchase lower cost food containing higher level of sugar [14].

Doctor patient relation is necessary for delivering high quality of health care in diagnosis and treatment of disease, respect the patient’s privacy, professional rapport with patient, uphold patient dignity. In a more recent study those patients surveyed cited ‘unhappy with dentist’ as being the main reason for changing dentists [15]. In yet another study, 100 patients were surveyed, in which 12 patients (12%) had

expressed their dissatisfaction with the length of their wait prior to being seen or prepared for surgery [16]. The question “what is your appetite for treatment in Dental college clinics” measured the patient’s perception from two different dimensions. People who had never visited a dental clinic did not want to undergo any dental treatment. There may be several reasons for this behaviour, for example, lack of awareness or fear of pain [1]. On the other hand, there is another group who were treated in a different dental clinic but they did not want to undergo treatment again and this may be because of dissatisfaction with the services and skills of the staff and physicians. This dissatisfaction and discomfort on the part of the patients cannot only affect his/her opinion but also create resistance to referrals. A patient’s attitude can be changed by understanding their individual needs and a physician needs to behave appropriately and adopt the right attitude [13]. Emotional distance can be a barrier to creating an understanding between the doctor and the patient, and a communication gap can create a feeling of discomfort and dissatisfaction [15]. A poor attitude on the part of the physician, during the treatment or during interactions with patients, can make the patient feel less satisfied and also determine patients’ attitude about clinics [16].

CONCLUSION

Although majority of participants in this study had a positive attitude or response towards dental treatment, it is essential to understand the reasons for doubts in patients’ mind regarding treatment plan among the unhappy patients. A simple questionnaire prior to and after treatment comprising of leading questions could provide an insight into the cause for positivity or negativity which could further be worked upon.

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