

Dentists Perception of their Patients in Malaysia

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ABSTRACT

A postal questionnaire concerning the Malaysian dentists' attitudes of their patients yielded a 73.1% response rate. The results of this study indicated that a majority of dentists felt that patients had more negative than positive attributes. Private practitioners attributed more negative traits to their patients than their public sector colleagues. About 88% of dentists indicated that the most negative patient attribute was fear of pain. Fear of pain was perceived to be stronger than fear of the dentist (62.2%). Likewise the patients' inability to seek treatment soon enough (78.4%), to come for regular check-up (72.7%) and to follow advice on personal oral hygiene (70.1%) were worrisome.

Key Words: Dentist, patient, fear, pain, check-up.

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INTRODUCTION

The reasons individuals give for not going to the dentist have been well documented and these include fear, anxiety, cost, lack of knowledge or no perceived need to go (1). However there are indications that once visited the dentists do influence subsequent rates of utilization (2,3). For example, a certain number of patients who enter the dental treatment setting each year leave it because of personality conflicts with the dentist (4,5). Ayer (6) and Church et al. (7) have suggested that dentists select their patients (and patients their dentists) on the basis of mutually shared values. As a result, the dentists tend to develop a practice of people who become patients for life. It is likely that with time the dentist acquire a practice largely of individuals very much like himself.

Whilst studies have looked at the patients' image of the dentist, little research focused on the provider's view of the patient. The view dentists have of their patients may affect the provider-consumer interaction and subsequently the outcome of treatment. For example, Weinstein et al. (8) observed that the patient's dental values were related to the quality of restorations received. There were significant relationships between dentist's perceptions of patient values and measures of the quality of restorative treatments, with higher levels of restorative services provided to patients who seem to appreciate dental care and a lower level of care to those who are perceived as being not as appreciative. Frazier et al. (9) reported that lower socio-economic groups described dentistry as important but that professionals believed that such individuals did not value dental treatment or consider it important. Such discrepancies between dentists' values and beliefs and those of their patients may be a significant deterrent to dentist-patient relationship and thus utilization.

This study was undertaken to assess the dentists perception of their patients in Malaysia.

MATERIALS AND METHODS

An eleven-item questionnaire was designed to collect information on the perception of Malaysian dentists of their average patient. Four categories of responses namely always true, often true, seldom true and not true were included in the questions.

After pretesting, the questionnaire, supporting letters from the Director of Dental Services, Malaysia as well as the President of the Malaysian Dental Association together with an enclosed stamped return envelope were sent to all 1371 dentists whose names appeared in the roster of the Government Gazette (10) for those who were granted an Annual Practising Certificate for 1990. If after one month a reply to the questionnaire had not been received a reminder was sent. Two further reminders were sent to the none-responders at monthly intervals.

The Chi-square test was applied for statistical significance of differences between groups and the level of probability $p < 0.05$ was accepted as significant.

RESULTS

Of the 1371 questionnaires sent out, only 972 responses were received. Forty-one unanswered questionnaires were because of retirement, change of address or the pursuit of postgraduate studies overseas. Excluding these non-responders, the response rate obtained was 73.1% (972/1330).

Table I shows the appraisal of the average patient by the dentists in Malaysia. A majority of the dentists felt that patients had more negative than positive attributes. Fear of pain was the most important negative attribute (88%). The fear of the dentist as a professional was also considerable (62.2%).

More than 70 percent of the dentists claimed that

patients' delay in seeking treatment, failure to come for regular check-ups and failure to follow advice given on personal oral hygiene were important negative attributes.

Table I also shows that whereas 12% of the dentists indicated that the average patient was litigation conscious, about 6% complained that the average patient tended to question professional judgement. The younger the dentists, the more they claimed that their patients were litigation conscious. More male than female dentists perceived patients to be more likely to question professional judgement and less likely to follow treatment plan till the end.

With increasing age more dentists indicated that patients did not come soon enough, did not keep appointments and tended to complain too much about waiting. More Chinese dentists than Indian or Malay dentists complained that patients in general had more negative attributes. Private practitioners attributed more negative traits to their patients than their public sector colleagues.

DISCUSSION

The fear of pain was found to be the most important negative attribute of patients in this study as perceived by the Malaysian dentists. This was in spite of the fact that dentistry nowadays has greatly advanced to the extent of being able to undertake virtually painless procedures. The fear of the dentists was also perceived to be considerable. However, findings from the International Collaborative Study (ICS) involving nine countries (11) indicated that eventhough most practitioners tended to believe that their patients feared

pain, it did not follow that they also believe that their patients feared the dentists.

A number of studies in dentistry have asked patients what constitutes a good dentists (12-14). The results of these surveys indicated that the critical factors from the patient's perspective include the dentist's personality, his ability to reduce fear and anxiety, and the dentist's technical ability. Hornung and Massagli (15) concluded that patients have two main goals in seeking health care services - that of obtaining an accurate diagnosis and competent, appropriate treatment and secondly of receiving relief of the fear and anxiety which accompanies being ill. The patient is rarely able to determine the professional's technical competence. Probably because the patient assumes competence, he tends to focus his attention on the extent to which the doctors allays anxiety and provides emotional support to those fears and concerns relative to illness and pain. However it may also be that the acceptability of the dental practitioners in this study may also be related to how they interrelate with their patients. Thus there appears to be a need for the dental profession in Malaysia to improve its image as a caring profession and to be able to better relate to their patients and hence providing them with a positive experience of the dental delivery system which in turn may provide them with the incentive to continue to visit the dentist.

The results of this study indicates that a very high proportion of dentists (78%) perceived patient inability to seek dental treatment soon enough. One important reason for postponing dental visits is the fear of pain. This is supported by findings from the ICS Study which showed that a smaller proportion of patients who indicated that they avoid dental visits due to fear of pain had visited the dentist in the previous 12 months

Table 1 Dentist appraisal of the average patient in their area by dentist characteristics.

Dentist characteristics	% of respondents who indicated 'often true' or 'always true' of their patients.					
	Don't come soon enough %	Fear pain %	Fear the dentist %	See dentist unnecessarily %	Tend to complain too much about %	Don't follow advice on personal oral hygiene %
All subjects	78.4	87.6	62.2	7.0	39.6	70.1
Age - group	p<0.01	p<0.05			p<0.05	
25-34 years	74.0	85.9	59.0	7.6	35.7	67.6
35-44 years	82.3	90.5	66.0	6.3	41.2	71.7
>44years	83.0	85.4	61.7	7.0	48.1	73.6
Ethnic origin	p<0.01	p<0.01	p<0.01		p<0.01	
Malay	68.4	79.4	50.9	9.8	32.9	67.2
Chinese	83.0	93.5	69.4	6.5	45.2	70.6
Indian	81.2	90.4	66.2	4.3	38.1	72.7
Sex						
Male	78.7	87.3	63.0	8.1	42.3	69.6
Female	78.1	88.0	61.2	5.7	36.0	70.6
Years in practice (Seniority)	p<0.05				p<0.01	
0-10 years	75.3	86.8	59.2	8.5	35.3	67.5
11-20 years	83.0	89.5	65.4	4.7	45.3	72.9
>20 years	79.5	84.8	67.9	7.8	43.6	75.0
Service sector	p<0.01	p<0.01	p<0.01		p<0.05	
Public sector	72.2	83.1	56.5	7.5	35.8	72.4
Private sector	84.8	92.2	68.0	6.6	43.5	67.7

Table 1 Dentist appraisal of the average patient in their area by dentist characteristics.

Dentist characteristics	%of respondents who indicated 'often true' or 'always true' of their patients.				
	Don't keep appointments %	Question professional judgements %	Are litigation conscious %	Don't come for regular check-ups %	Don't follow treatment plan till the end %
All subjects	50.7	5.7	12.0	72.7	54.8
Age - group	p<0.01		p<0.01		
25-34 years	44.1	5.6	16.0	72.7	51.9
35-44 years	56.7	5.5	9.1	71.8	56.9
>44years	57.0	6.3	7.3	75.6	58.9
Ethnic origin			p<0.05		p<0.01
Malay	44.5	3.1	15.5	72.7	46.9
Chinese	53.0	6.7	11.3	71.6	56.6
Indian	53.1	7.2	8.1	74.6	61.4
Sex		p<0.05			p<0.01
Male	51.8	7.2	10.7	73.7	58.9
Female	49.3	3.6	13.9	71.5	49.6
Years in practice (Seniority)	p<0.05		p<0.01		
0-10 years	47.1	7.2	15.9	72.3	53.8
11-20 years	55.6	4.1	7.1	73.2	55.6
>20 years	53.8	2.5	8.0	73.8	58.2
Service sector	p<0.01	p<0.01			p<0.01
Public sector	43.7	2.9	11.9	72.6	48.8
Private sector	57.9	8.5	12.1	72.8	61.1

(11). From the findings of the present study it would appear that there exist a 'coping mechanism' among Malaysian patients resulting in delay in seeking treatment and that most were symptomatic dental attenders. In a Malaysian study (16) involving adult subjects attending "free" government dental service, it was found that 50% of adult subjects with perceived need had delayed seeking dental care for more than a month. It was also found that those that needed urgent attention had often delayed, while those who least needed urgent attention (eg. check-up) had sought prompt attention.

About 73% of the dentist also perceived that patients do not come for regular check-ups soon enough. This tends to support the findings of Razak and Jaafar (17) that only a modest 21 percent of a Malaysian urban population attended the dentists for checkups. However, the fact that almost all those who attended for check-up in that study were found to require treatment indicated that most were unaware of their actual oral health status and did not regard periodic check-up as a routine necessity for the maintenance of their oral health. This is further supported in another study (18) among patients attending randomly sampled government clinics in Malaysia, which found that 86% of the subjects visited

the dentist only in response to dental symptoms although about 43% knew of the generally recommended interval of semi-annual visits to the dentists. Studies to explore the underlying reasons for such a state of affairs should be conducted.

Private practitioners attributed more negative traits to their patients than their public sector colleagues which may probably reflect the different types of consumers of the two service sectors. Because the public service is mainly a free service, consumers may tend to have a lower esteem for the service. On the contrary, because private patient pays a premium, they were more likely to demand more of the services and were more likely to question professional judgements and had more complaints about waiting time.

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