

**Original Article****Patient Gratification and their Expectation from Dental Professionals- A Cross-Sectional Survey***Shruthi R**Department of Public Health Dentistry, Sri Ramachandra Dental College and Hospital, Chennai, India*

How to cite: Shruthi R. Patient gratification and their expectation from dental professionals – A cross sectional survey. *Int J Soc Rehab* 2023; 8 (1) :29- 42. doi: <https://doi.org/10.56501/intjsocrehab.v8i1.791>

*Received: 01-03-2023**Accepted: 08-03-2023**Web Published:14-03-2023***Abstract**

Introduction: Dentist attire has been molded by tradition and fashion over centuries. There have been many changes in the dental field and patient expectations and with increased proportion of female doctors entering the profession has led to changes in dentist dress code. White coats were worn by dentist for professionalism, identification and hygiene, yet white coats may be a source of, rather than a barrier to cross infection. **Aim:** The aim of this study is to assess the patients opinion toward dentist appearance, clinical attire, cross infection control, years of experience, and their expectations from their dentist. **Materials and Methods:** Patients attending a dental hospital for a consultation appointment were asked to complete a close-ended questionnaire comprising 12 questions. A representative sample of patients completed 100 questionnaires over a period of 4 weeks. Their responses were tabulated and analyzed statistically. **Results:** The study found that majority of patient preferred their own gender dentist and they preferred young dentist with 1–5 years of experience. Some patients preferred dentist wearing white coat while some patients were comfortable with whatever the dentist was wearing. The majority of patients preferred dentist wearing name badge and personal protective equipment. The majority of patients also preferred treatment from colleges and hospitals and preferred dentist who has done MDS/specialization. The majority of patients were more comfortable with dentist who is smiling, welcoming, and being friendly. Some patients preferred their dentist to talk more while some preferred their dentist to talk appropriately and few patients preferred their dentist to talk less. Dentist having long nails and malaligned or fractured teeth bothered some patient while it did not bother some patients and some patients did not notice it. **Conclusion:** A considerable amount of research dealing with the professional image of health-care providers has been produced, but very little of this has been specific to the practice of dentistry. Hence, it is hoped that this study will be informative for dental team and the results should be taken into consideration.

Keywords: Dental Hospitals, dentist, patient, preferences, professionalism

Address for Correspondence:

Dr. Shruthi R

Department of Public Health Dentistry, Sri Ramachandra Dental College and Hospital, Porur, Chennai - 600 116, Tamil Nadu, India.

E-mail: ruthir2851994@gmail.com

INTRODUCTION

Walsh suggested that proper appearance formed part of the essential elements for the development of this successful professional relationship and professionalism is an image that promotes a successful relationship with the patient and thus enables the foundation of effective patient care. This fundamental connection is created during the first meeting where the patient forms a initial impression of the clinician.[1-3]

The first impression can make a difference. How a doctor dresses may be important in determining the success of the patient-doctor relationship.[2] Over the years, professionalism in health care has had several definitions, many of which are very ambiguous.[4] Professionalism is expressed in various ways including the dimensions of competence, ranging from comprehension of basic biology principles to clinical skill; engagement, which includes behaviors and attributes pertaining to empathy and communication; reliability, which pertains to timely access to competence; dignity, which includes treatment of patient, clinical staff, and self; the health-care providers dedication to placing the needs of the patient above his or her own needs; and concern for the quality of clinical care.[5] Three broad components of professionalism were introduced by Walsh, suggesting that proper appearance, behavior, and conversation are essential for a successful relationship.[3]

This study also found that patients are more apt to discuss medical issue with a health-care provider who is well groomed, has a professional voice, and a confident expression. Physical attractiveness also positively relates to increased patient willingness to disclose symptoms.[6,7] Dentist attire has been moulded by tradition and fashion over centuries. There have been many changes in the dental field and patient expectations and with increased proportion of female doctors entering the profession has led to changes in dentist dress code. White coats were worn by dentist for professionalism, identification, and hygiene, yet white coats may be a source of, rather than a barrier to cross infection.

Patients will come to dental appointments with some level of expectation regarding their likely outcome. Patients can have a very clear and detailed outcome in mind or it may be more broad and open. Most of the patient's expectation will be realistic; however, some won't be. Unrealistic expectations from patients present very real challenges for dentists. If a patient with unrealistic expectations undergoes treatment, it is very unlikely those expectations are going to be met. If a patient's expectations have not been met, then the patient is going to be unhappy or dissatisfied with the treatment.

These unhappy and dissatisfied patients are the ones more likely to complain about the treatment and expect further corrective treatment or compensation. It's therefore vital that dentists do all they can to help the patient fully understand treatment and the likely and possible treatment outcomes before treatment begins. A key step in making sure a patient has realistic outcomes regarding treatment is to have an open and honest conversation with them. This will not only provide the patient with further information about their treatment but will also give the dentist a clearer understanding of the patient's expectations.

A dentist's clinical skills are vital to what they do, however, effective communication goes a long way in providing positive outcomes. To make the patient's have realistic expectations, dentists must ensure that they explain the treatment and its outcomes to patients using simple and clear terms. Technical and clinical words should be avoided as many patients will not be able to understand these terms. Dentists should also consider how they tailor their language and the information for each individual patient. For a person with language or literacy challenges, they may need information presented in a more detailed manner than other patients. Dentists should also consider using diagrams, pictures, or models to assist with understanding where appropriate. When discussing treatment with a patient, it's important that dentists don't make assumptions about what the patient will or won't understand.

It's easy for dentists to become so familiar with what they do and know that they sometimes forget how foreign that knowledge can be to other people. Patients may have varying degrees of knowledge and experience regarding dental treatment. Therefore, what they understand about their treatment will also vary. When a patient requests a particular form of treatment, this is an occasion when a dentist should be especially careful of the

patient's expected outcome. When a patient has requested a form of treatment, the patient has clearly had a idea around what treatment they need to get the outcome they desire. In case if what the patients demanded is not best for them, then the dentist needs to be sure they don't rush into providing the patient with the requested treatment and explain them about various treatment options available. As with all patients, there needs to be a thorough assessment and diagnosis process.

Then the patient is to be provided with their treatment options, as well as the risks and benefits of those options. There may be treatment options which are more suitable for that patient which the patient isn't aware of. The patient also needs to be made aware of the likely treatment outcomes for each of those treatment options. The dentist needs to be sure the patient has all required information before consenting to treatment and this includes understanding the likely outcomes. And dentists need to remember that they're always responsible for the treatment they've provided, regardless of whether it was requested by a patient.

In this study, we focused on the importance of patient's opinion toward their dental professional based on their physical appearance, gender preferences, age preferences, years of experience, dental care system, clinical attire, and dentist attitude. In the modern world of clinical dental practice, the dentist-patient relationship is moving toward a customer-based service, with increasing demands and pressure. Patient's opinion keeps changing so it is important for the dental professionals to keep an update on patient preferences which will improve dentist-patient relationship and aid in satisfying the patient. Dentist should groom themselves in a way that they feel is acceptable to their patients.

MATERIALS AND METHODS

A questionnaire-based study was conducted of new patients attending an outpatient dental facility for consultation appointments. A self-completion questionnaire consisting of 12 question was developed to gather data on patient opinions on dental clinical attire, name badges, and a number of cross-infection control procedures. Patients unable to speak english, uneducated patients or for any other reason which would impede their understanding of the questionnaire.

The questionnaires were completed in the waiting area prior to the participants' appointments. A total of 100 questionnaires were distributed over a 4-week period of which 50 were given to males and 50 were given to females. The demographic information collected from the questionnaire included the respondent's age, sex, address, occupation, and educational qualifications.

Of the 100 questionnaires, 50 were given to males and 50 were given to females. Completed patient questionnaires were collected and were analyzed for response frequency and the results tabulated. The Chi-squared analysis for nonparametric data with the appropriate degrees of freedom was performed on the data to assess responses to the questionnaire items across patient age groups and gender. Statistical significance was determined at $P < 0.05$.

RESULTS

The surveyed patient pool consisted of 50 males (50%) and 50 females (50%). The age of the patients was between 18 and 50 years age. The mean age of the sample was 29.04 years.

Gender preferences

Of those 50 male patients, 60% of the patients preferred male dentists and 30% of the patients preferred female dentists. 10% of the male patients were comfortable with both the male and female dentists [Figure 1]. Of those 50 female patients, 54% of the patients preferred female dentists and 32% of the patients preferred male dentists. Fourteen of the female patients were comfortable with both the male and female dentists [Figure 2]. A Chi-squared test indicated statistical significance ($P < 0.05$) with the difference between male and female patient preferences.

Dentist's age preferences

Of those 100 patients, 52% of the patients preferred young dentists, 36% of the patients preferred old dentists, and 12% of the patients were comfortable with both young and old dentists [Figure 3].

Dentist's years of experience

Of those 100 patients, 45% of the patients preferred dentists with 1–5 years of experience, 20% of the patients preferred dentists with 5–10 years of experience and more than 10 years of experience, and 15% of the patients preferred dentists with < 1 year of experience [Figure 4].

Dentist's attire

Of those 100 patients, 46% of the patients preferred dentists wearing white coat, 28% of the patients preferred dentists wearing formal attire, 20% of the patients didn't care about dentist's attire, and 6% of the patients preferred dentists wearing informal attire [Figure 5].

Dentist's with long nails and malaligned/fractured tooth

Of those 100 patients, dentists having malaligned, stained, or fractured teeth bothered 43% of the patients, did not bother 31% of the patients, 26% of the patients did not notice it [Figure 6].

Of those 100 patients, dentists having long nails bothered 60% of the patients did not bother 22% of the patients and 18% of the patients did not notice it [Figure 7].

Dental care system preferences

Of those 100 patients, 74% of the patients preferred getting treated in college and hospitals, 14% of the patients preferred going to small clinics, and 6% of the patients preferred going to corporate and reputed clinics [Figure 8].

Dentist's qualification

Of those 100 patients, 59% of the patients preferred dentists with MDS degree, 25% of the patients preferred dentists with BDS degree, and 4% of the patients preferred dentists with foreign degree. For 12% of the patients, dentist's qualification did not matter [Figure 9].

Personal protective equipment

Of those 100 patients, 79% of the patients preferred dentists wearing personal protective equipment, 11% of the patients preferred dentists not wearing personal protective equipment, and 10% of the patients did not have any idea about personal protective equipment [Figure 10].

Comfortable dentists

Of those 100 patients, 70% of the patients preferred dentists who is smiling, welcoming, and being friendly, 24% of the patients preferred dentists with good attitude, 4% of the patients preferred dentists who belongs to their own race and nationality, and 2% of the patients preferred dentists who seemed intimidating [Figure 11].

Name badge

Of those 100 patients, 73% of the patients preferred dentists wearing name badge, 15% of the patients preferred dentists not wearing name badge, and 12% of the patients did not care about name badge [Figure 12].

Communication

Of those 100 patients, 45% of the patients preferred dentists talking more, 32% of the patients preferred dentists talking less, 17% of the patients preferred dentists talking appropriately, and 6% of the patients did not care [Figure 13].

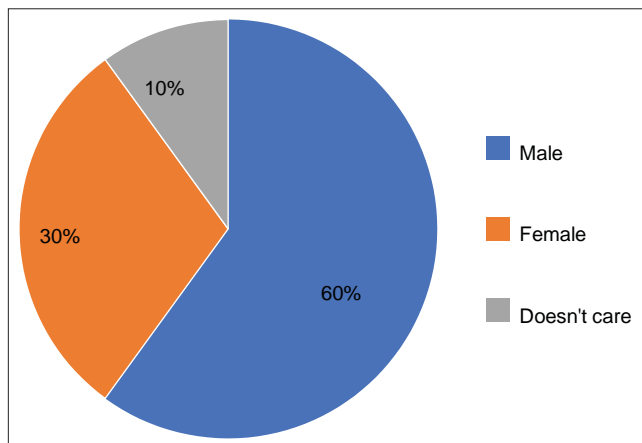


Figure 1: Male patient's preference over dentist's gender

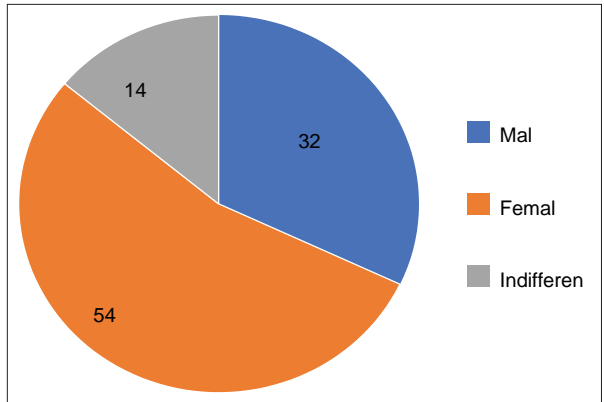


Figure 2: Female patient's preference over dentist's gender

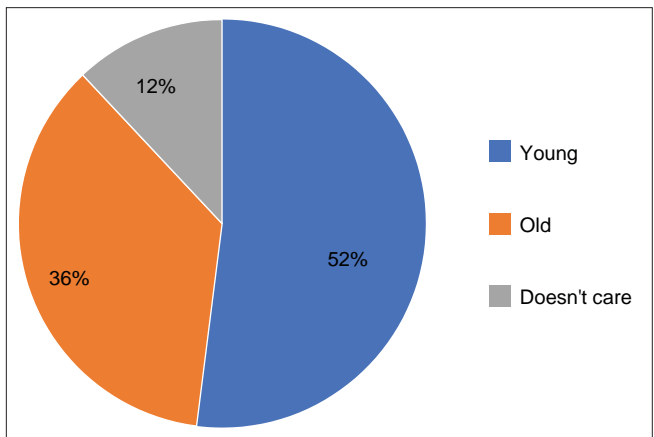


Figure 3 : Dentist's age preference

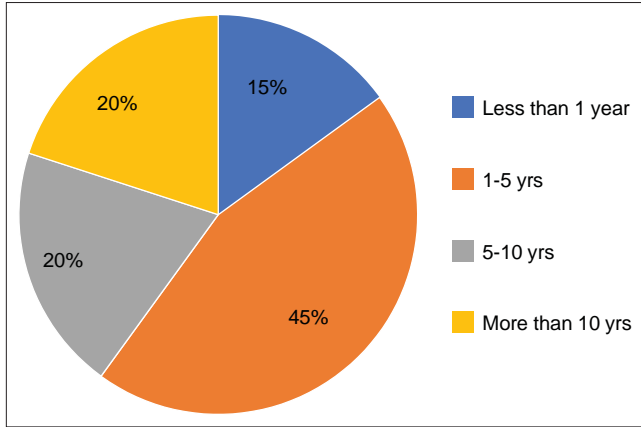


Figure 4 : Dentist's years of experience

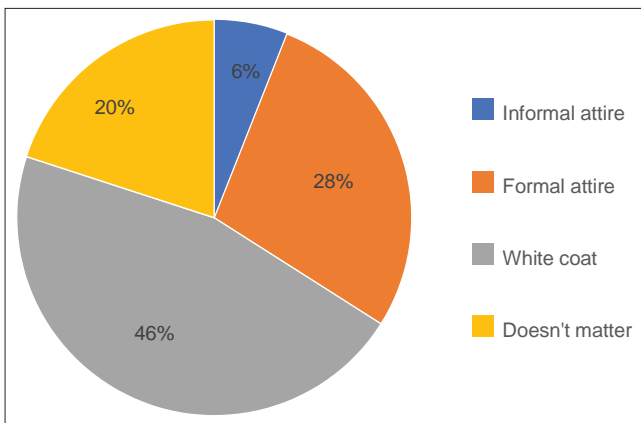


Figure 5 : Dentist's attire

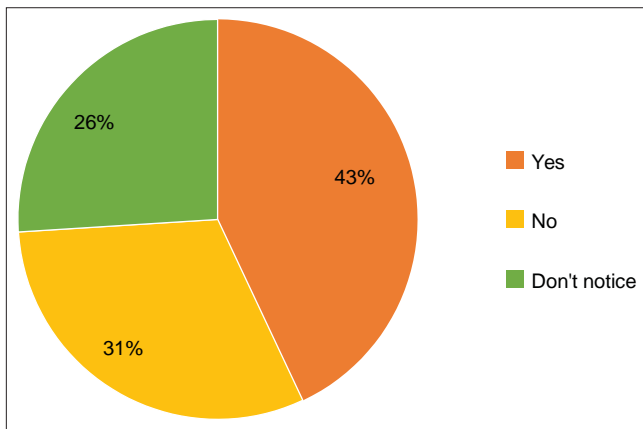


Figure 6 : Dentist's with malaligned / fractured teeth

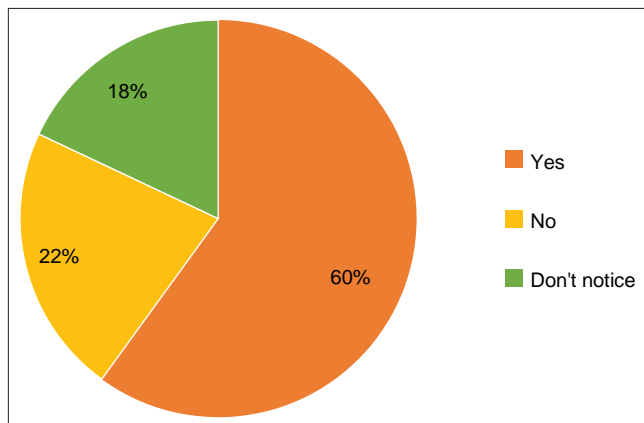


Figure 7 : Dentist's with long nails

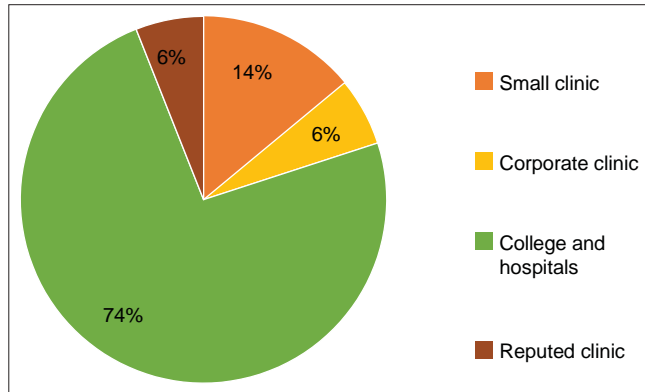


Figure 8 : Dental care system preferences

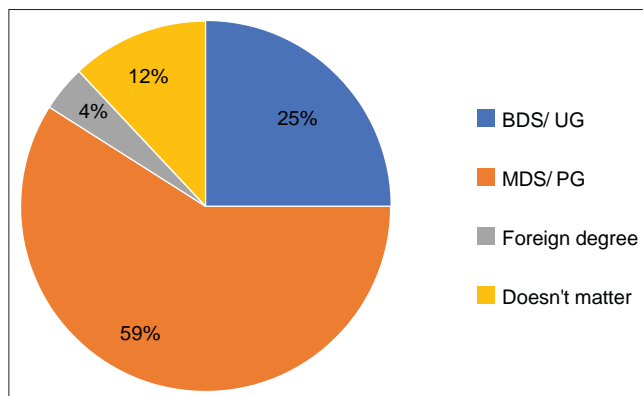


Figure 9 : Dentist's qualification

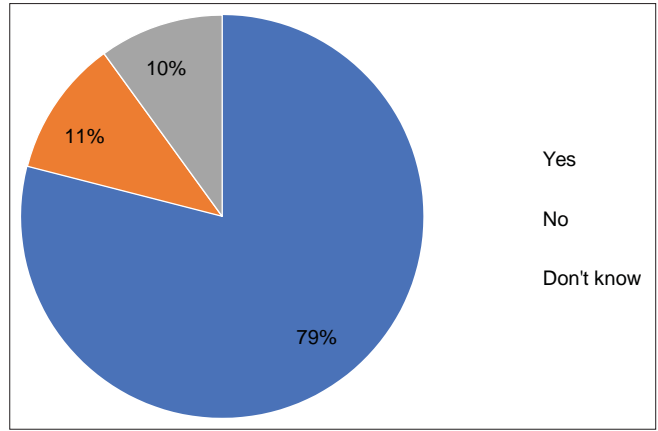


Figure 10: Personal protective equipment

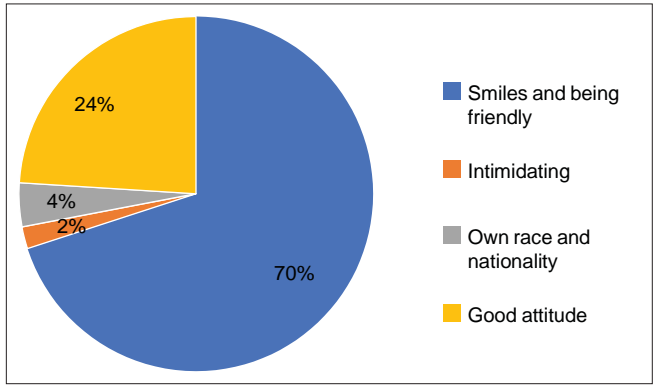


Figure 11 : Comfortable dentists

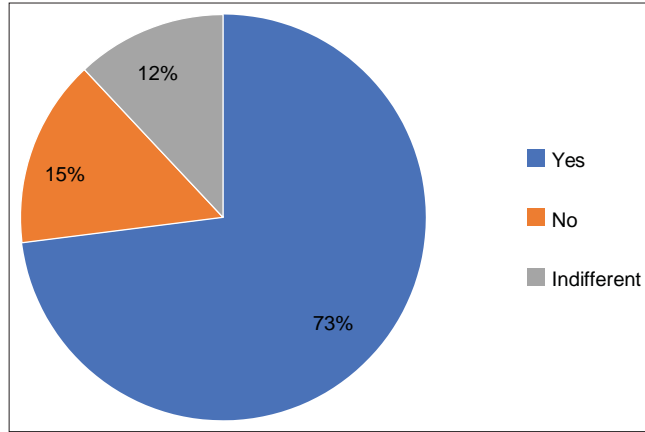


Figure 12: Name badge

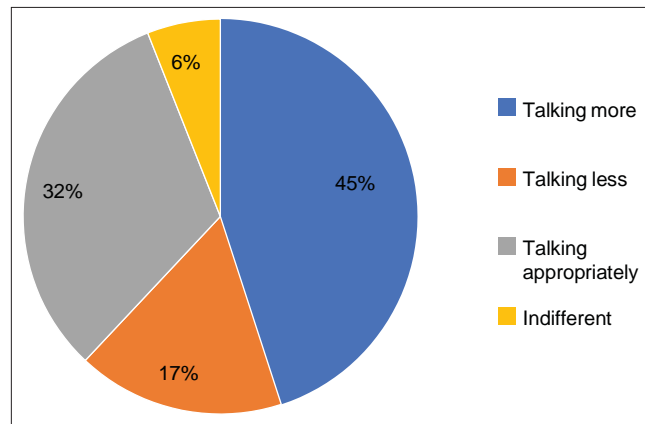


Figure 13: Communication

DISCUSSION

We measured opinions using a questionnaire-based study of patients attending Saveetha Dental College and Hospital. Over a 4-week period of time, sample sizes of 100 patients were achieved. The demographics indicated that 50% consisted of male patients and 50% consisted of female patients with a mean age of 29.04 years. From the results, it was found that the female patients mostly preferred the female doctors and the male patients preferred the male doctors. From Ackerman-Ross and Sochat studies in 1980, women seem to prefer female physician and men seem to prefer male physician, so that there is a similar gender preference.[8]

The patients preferred younger doctors with 1–5 years of experience and with a MDS degree. The results indicate that patients have strong opinion about dental professional's dress. When the patients were asked about the dentist's attire, majority of the patients wanted the dentists to wear a white coat and they were more comfortable with the formal attire. It is widely reported that patients prefer medical personnel to be smartly dressed, despite debate among medical colleagues about the wearing of white coats.[9-11]

Majority of the patients were concerned about the dentist having long nails and malaligned, stained, or fractured tooth. About 74% of the patients preferred getting treated in the collage and hospitals rather than going to a private clinic. The majority of the respondents (79%) preferred the dentist to wear headcap, mouth mask, safety glasses, and gloves. These results were supported by the findings of Shulman's study in 2001.[12]

The patient preferred the doctor who welcomes them with a pleasant greeting and they prefer the dentists to talk more or in an appropriate amount. The study conducted by Deepthi K stated that 55% of the dentists were friendly.[13] The results indicated that majority of the patients preferred dental professionals to wear a name badge. This is in keeping with previous studies found in medical literature.[14,15] The study conducted by Karpagam et al. stated that the patient felt secure and safe when the dentist gives proper respect to them.[16]

CONCLUSION

This study has implications for all branches of dentistry where dental professionals strive to deliver a patient-centered service. We have drawn attention to the importance of physical appearance and its effect upon first impressions and interpersonal relationships. From this study we can conclude that patients place a great deal of emphasis on dental professionals way of dressing and attire.

They are supportive of the appropriate use of protective equipment such as face masks and safety glasses and prefer their dentists to wear them. They also prefer dental professionals to wear name badges. Those sampled in this study expressed a strong preference for smartly dressed dental consultants and specialists who wear a white coat. Having this insight into patient preferences should enable individuals and organizations to set standards for appropriate dress codes for dental professionals.

Dentists should be doing all they realistically can to improve the outcomes for their patients and reduce the likelihood of poor outcomes and complaints. Dentists should use their clinical knowledge in conjunction with practical terminology to assist patients to develop realistic expectations.

RECOMMENDATIONS

Future research could focus on patient opinions toward dress codes for other members of the dental team including dental care professionals. It may also be useful to determine patient opinions on dress codes in the general practice and community dental services.

In addition, it may be informative to survey patient attitudes toward dental student's attire. Students operate in an environment where the development of a successful working relationship is paramount given the relative inexperience of the clinician. This is also the setting where our younger colleagues begin to understand the values of professionalism which will positively influence their future practicing careers.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Brosky ME, Keefer OA, Hodges JS, Pesun IJ, Cook G. Patient perceptions of professionalism in dentistry. *J Dent Educ* 2003;67:909-15.
2. Lill MM, Wilkinson TJ. Judging a book by its cover: Descriptive survey of patients' preferences for doctors' appearance and mode of address. *BMJ* 2005;331:1524-7.
3. Walsh KC. Projecting your best professional image. *Imprint* 1993;40:46-9.
4. Stevens RA. Themes in the history of medical professionalism. *Mt Sinai J Med* 2002;69:357-62.
5. Barondess JA. Medicine and professionalism. *Arch Intern Med* 2003;163:145-9.
6. Young JW. Symptom disclosure to male and female physicians: Effects of sex, physical attractiveness, and symptom type. *J Behav Med* 1979;2:159-69.
7. Gjerdingen DK, Thorpe W, List-Holt P. The physician's appearance and professionalism. *Resid Staff Physician* 1990;36:65-6, 71.
8. Ackerman-Ross FS, Sochat N. Close encounters of the medical kind: Attitudes toward male and female physicians. *Soc Sci Med* 1980;14A: 61-4.
9. Matsui D, Cho M, Rieder MJ. Physicians' attire as perceived by young children and their parents: The myth of the white coat syndrome. *Pediatr Emerg Care* 1998;14:198-201.
10. Zwart DL, Kimpfen JL. The white in paediatrics: Link between medical history and preference for informally dressed physicians. *Ned Tijdschr Geneesk* 1997;141:2020-4.
11. Gonzalez Del Rey JA, Paul RI. Preferences of parents for pediatric emergency physicians' attire. *Pediatr Emerg Care* 1995;11:361-4.
12. Shulman ER, Brehm WT. Dental clinical attire and infection-control procedures. Patients' attitudes. *J Am Dent Assoc* 2001;132:508-16.
13. Deepthi K, Pradeep D. A study on dental care satisfaction among adult patients. *Int J Innov Res Adv Stud* 2016;3:100-1.
14. Kanzler MH, Gorsulowsky DC. Patients' attitudes regarding physical characteristics of medical care providers in dermatologic practices. *Arch Dermatol* 2002;138:463-6.

15. Gjerdingen DK, Simpson DE, Titus SL. Patients' and physicians' attitudes regarding the physician's professional appearance. *Arch Intern Med* 1987;147:1209-12.

16. Karpagam GN, Mahesh, Shanmugavel. Patients needs and expectations on dental treatment. *Res J Pharm Technol* 2016;9:933-6.



Published by MM Publishers
<https://www.mmpubl.com/ijsr>

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.
To view a copy of this license, visit <http://creativecommons.org/licenses/by-nc/4.0/> or send a letter to Creative Commons, PO Box 1866, Mountain View, CA 94042, USA.

Copyright © 2023 Shruthi R