

Why Patients will Advertise our Dental Practice?

Yulia Bogdanova Peeva*

Department of Social Medicine and Public Health, Faculty of Public Health, Medical University of Plovdiv, Bulgaria

***Corresponding Author:** Yulia Bogdanova Peeva, Department of Social Medicine and Public Health, Faculty of Public Health, Medical University of Plovdiv, Bulgaria.

Received: August 01, 2019; **Published:** September 11, 2019

Abstract

Introduction: Discussions about positive results from orthodontic treatment mostly consider on both functional and esthetical improvement. The aim of complete orthodontic treatment is a long-last result depends on the orthodontist efforts and achieved with sharpening the patient's motivation.

Aim: The aim of this study was to present how to increase the rate and importance of dental practice by the patient's willingness of conscious advertisement. It was hypothesized, that there would be significant correlations among patient's attitude, physician satisfaction from work and advertisement.

Materials and Methods: Using an individual questionnaire, 212 patients completed a survey about their expectations and satisfaction from orthodontic treatment. The average age of children is 12.56 ± 3.14 years, respectively 12.38 ± 3.22 for boys and 12.69 ± 3.07 for girls, $P > 0.05$. Five basic tools were implemented in the questionnaire to conduct a model for succeed dental practice: (1) Leadership (L); (2) Education; (3) Team (T); (4) Profit (P); (5) Hierarchy of values (HV).

Results: Most of the orthodontic patients were satisfied from orthodontic treatment and perceived facial image ($r_{xy} = 0.82$ n = 212), they feel comfortable and without fear in the dental office ($\chi^2 = 12.82$); patients accept orthodontist as a dentist providing a high quality services, $P = 0.01$, ($\chi^2 = 4.72$).

Conclusions: Patients will recommend dentist to their friends if they feel sure, comfortable and cozy just like at home. Patients will recommend dentist to their friends if they feel he is a friend. They will accept the dentist as the best one, if they see motivation, quality, cleanliness, and probably if they want to become a dentist when they grow up.

Keywords: *Competence; Ethical Dilemma; Motivation; Practice Management; Advertisement*

Introduction

The dentists make everyday efforts for improvement the quality of the provided services so that their practice can be competitive in the market. Examining patients' satisfaction, expectations and preferences for dental treatment could determine the factors involved in their choice of dental practitioner. Patient's satisfaction in the dental office should be one of the main areas in this study, focusing on providing quality services [1,2].

Most of the studies in the orthodontic literature present communication as a basic for good physician-patient relationships. The choice of dental practitioner related to patient's satisfaction and perceptions may be due to various factors. These are:

- Dentist's personality - professional competence and quality treatment, showing empathy, pain control;
- Profile of dental office - location, cleanliness, design, amenities, brochures;

- Optimization of the healthcare service - quality, adequacy, timeliness;
- Characteristic of the administrative communication - recalls, friendly reception;
- The role of the members of the dental staff as they relate to the whole healthcare process in the dental office [3,4].

Dentistry as a business

Probably many researchers will be shocked by the possibility that dental medicine and business stand both in one sentence. From a legal point of view, dental doctors are registered after obtaining a diploma of Master's degree in dental medicine under the Health Act and Commercial Act in Bulgaria [4,5]. From emotional point of view - dental doctors can practice and accordingly this qualification is too expensive in time and money to pursue another profession or to spend money by other. Their remuneration is getting only from what they earn by their profession - Dental medicine. The mixture of both "what's ethical" and "business" in dentistry can shorten the very thin line called Hippocratic Oath. It means, that before accepting his practice as a business, the doctor must decide for himself whether he is a doctor or a trader.

Ethical dilemmas in Dentistry

There is an increased attention to the ethical measurements of public oral health decision making because the needs of the society and individual grow up in complexity. Although, there is a decreasing tendency in a global aspect, oral diseases persist and the ethical considerations related with them are reflection of increasingly spread of inequality in geographical and economical access. The reasons differ, but it's due to differences in the appropriateness, availability, cultural behaviors, family education, accessibility, and acceptability of oral health education and the care provided. The ethical considerations in dentistry provide the opportunity for ethical perspective of the treatment, the importance of equity, human rights, implementation of ethical principles and overview of public oral health expectations [5,6].

Management of communications in the dental practice

Good communication with patients allows them to be involved in the treatment as fully informed partners. One result from better physician-patient relationships will be a gesture from patient being loyal and long-perspective treatment in the same dental office. From the other side, dentist's motivation will increase, renewed motivation will be presented and higher productivity will be available [7-9].

In the literature, the patient care is presented also as an equation: Patient satisfaction = Perception - Expectations.

Both perceptions and expectations are subjective but true states of mind, so the dentist need to consider them if he expects to have more satisfaction patients [10].

The patient perceives any recalls by the dentist as particularly significant, especially when it comes to orthodontic treatment. The perceptions of each person, not only in our society, are a manifestation of commitment to costly treatment. This does not mean that the dentist's behavior is hypocritical because he is interested in the patient which treatment is expensive. There are several reasons for this:

- Unjustified, unreasonable patient calls;
- Serious and justified situations.

Based on better or not understanding the role of the physician, on the other hand, patients could be divided into two large groups:

- Patients who do not worry about asking for anything and calling the doctor anytime (The patient's statement - "I am");
- Patients who prefer to suffer "a little" but not to worry dentist.

The most serious combination is that in severe case and the patient will not complain [9-11]. Severe complications will be available because the orthodontist is not informed about patient's problem.

Materials and Methods

The highest relative share in girls was observed in the age of 10 years ($15.44 \pm 3.1\%$), for boys this was 15 years of age ($16.67 \pm 3.4\%$), $P < 0.05$ ($\chi^2 = 12.22$). This result allows age and gender to be commented on as factors that are relevant to meeting the optimal deadlines for orthodontic treatment.

Results and Discussion

Features of dental practice that would motivate patients to recommend it to their friends

Education

The age as a prognostic indicator of the child's involvement in the treatment is essential. In the analysis of the data, this view was not confirmed in the study. The number of observed units and the sample may be the reasons for this result, $P = 0.011$ ($\chi^2 = 22.82$, $df = 10$). The gender of children was examined as a factor determining the reasons for compromising the initiation and conduct of orthodontic treatment. A statistically significant difference was found at $P < 0.05$ ($\chi^2 = 1.30$).

Educating of a child on oral health issues creates opportunities for his or her prevention and strengthening. In this active process, society has many important forms of participation, including sharing responsibility. Three opportunities of shared responsibility according to child's opinion are presented at figure 1.

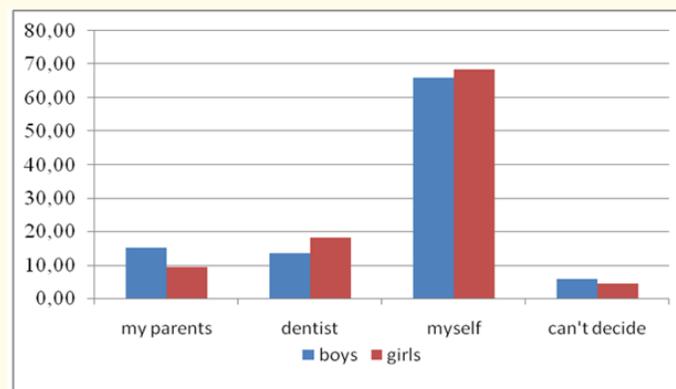


Figure 1: Who is responsible for the health of your teeth?

The results obtained from the analysis of this question are from particular interest, since it conceals the idea of improving oral health through self-regulatory behavior. There are closer opinions in the literature about the positive example given by a dentist through his or her personality, and in particular by the orthodontist [14,17]. The doctor educates behavioral, hygienic, educational and other habits to his patients, $P = 0.01$ ($\chi^2 = 12.82$, $df = 6$).

Awareness about the nature of orthodontic treatment

One of the most important achievements of modern society is the awareness of various issues and the velocity with which knowledge is acquired. Awareness depends on the perception, reproduction and clarity of the information presented. The desire of children to accept a certain amount of new data gives an idea of the level of spread health awareness (by media, institutions etc.) into society and the possibility of conducting orthodontic treatment [13-17].

The following questions are posed to children in order to assess their health education in front of orthodontic treatment. This study also examines children awareness for the professional characteristics of the orthodontic specialty, $P = 0.01$, ($\chi^2 = 4.72$).

Awareness, benefits and expectations communicated with children. Social media relevance for the choice*

Some researchers have argued that the term “consent” builds the image of the patient as a passive person unable to make his or her own choices. Therefore, they prefer the alternative of active cooperation and, above all, to understand the meaning of informed consent [18,19]. These terms emphasize the role of the patient in making meaningful personal choices and suggest more active patient support for therapeutic success [20]. Some of the results are presented at table 1.

Indices	Recommendations for treatment	Improved facial image	Perception for straighten teeth	Easier communication	Without speech problems	Without speech problems
Small deviations	0.20** (n = 208)					
Beautiful smile	0.82** (n = 207)	0.36** (n = 209)		0.29** (n = 209)	0.37** (n = 211)	0.41** (n = 210)
Without problems in chewing	0.58** (n = 208)	0.64** (n = 210)	0.65** (n = 212)	0.33** (n = 210)	0.47** (n = 212)	
Easier communication		0.39** (n = 209)			0.46** (n = 211)	0.33** (n = 210)
Without speech problems		0.38** (n = 211)		0.46** (n = 211)		0.47** (n = 212)

Table 1: Correlation coefficients of the elements of dento-facial image influenced and improved by orthodontic treatment.

**Significant correlations at $P < 0.05$.

The significances found on some of the elements of dental vision show a moderate correlation. Successful impact on facial structures is expected from patients who are informed for easier communication after orthodontic treatment ($r_{xy} = 0.64$), better chewing ability ($r_{xy} = 0.65$) and speechless problems ($r_{xy} = 0.47$). A moderate correlation was found for a beautiful smile after recommendation for treatment, according to patient’s opinion ($r_{xy} = 0.82$). This result allows summarizing the significant role of the orthodontist to the beauty of children smile. The impact on other functional problems will naturally influence the aesthetics.

Conclusion

More important than talking, however, is the ability of the dentist to hear what the patient says and avoid the paternalistic pattern of behavior.

Patients will recommend us to their friends and our future patients if they feel comfortable and cozy just like home. They will trust us if we do not lie. Today, modern patients do not like the hospital environment, so it is necessary that the dental clinic be furnished in pleasant tones and patients fell a friendly atmosphere. They will love and respect us if we are not rude, if we show all our willingness to resolve their clinical case. They will respect us if we are honest with them. But above all, quality treatment and long-lasting results are from a huge importance.

Bibliography

1. Newsome PRH and Wright G. “A review of patient satisfaction: Dental patient satisfaction: an appraisal of recent literature”. *British Dental Journal* 186.4 (1999): 166-170.

2. Riley JL, *et al.* "Dental Practice-Based Research Network Collaborative Group. Components of patient satisfaction with a dental restorative visit: results from The Dental Practice-Based Research Network". *Journal of the American Dental Association* 143.9 (2012): 1002-1010.
3. Anderson R, *et al.* "The effectiveness of out-of-hours dental services: II. patient satisfaction". *British Dental Journal* 198.3 (2005): 151-156.
4. Gerbert B, *et al.* "Dentists and the patients who love them: professional and patient views of dentistry". *Journal of the American Dental Association* 125.3 (1994): 264-272.
5. State Gazette. Health Act, SG No. 70/10.08.2004, effective 1.01.2005, supplemented, SG No. 46/3.06.2005, amended and supplemented, SG No. 76/20.09.2005, effective 1.01.2007, SG No. 85/25.10.2005, effective 25.10.2005.
6. Gurdal P, *et al.* "Factors of patient satisfaction/dissatisfaction in a dental faculty outpatient clinic in Turkey". *Community Dentistry and Oral Epidemiology* 28.6 (2000): 461-469.
7. Holt VP and McHugh K. "Factors influencing patient loyalty to dentist and dental practice". *British Dental Journal* 183.10 (1997): 365-370.
8. Corah N and O'Shea R. "Development of a patient measure of satisfaction with the dentist: The dental visit satisfaction scale". *Journal of Behavioral Medicine* 7.4 (1984): 367-373.
9. Chakraborty G, *et al.* "Understanding consumers' preferences for dental services". *Journal of Health Care Marketing* 13.3 (1993): 48-58.
10. Mellor AC and Milgrom P. "Dentists' attitudes toward frustrating patient visits: relationship to satisfaction and malpractice complaints". *Community Dentistry and Oral Epidemiology* 23.1 (1995): 15-19.
11. Kiesler DJ and Auerbach SM. "Optimal matches of patient preferences for information, decision-making and interpersonal behavior: evidence, models, and interventions". *Patient Education and Counseling* 61.3 (2006): 319-341.
12. Bruera E, *et al.* "Patient preferences versus physician perceptions of treatment decisions in cancer care". *Journal of Clinical Oncology* 19.11 (2001): 2883-2885.
13. Schouten BC, *et al.* "Patient participation during dental consultations: the influence of patients' characteristics and dentists' behavior". *Community Dentistry and Oral Epidemiology* 31.5 (2003): 368-377.
14. Corah NL. "Assessment, reduction and increasing patient satisfaction". *Dental Clinics of North America* 32.4 (1998): 779-790.
15. Gilbert GH, *et al.* "Purpose, structure and function of the United States National Dental Practice-Based Research Network". *Journal of Dentistry* 41.11 (2013).
16. Gilbert GH, *et al.* "The creation and development of The Dental Practice-Based Research Network". *Journal of the American Dental Association* 139.1 (2008): 74-81.
17. Makhija SK, *et al.* "Dentists in practice-based research networks have much in common with dentists at large: evidence from The Dental PBRN". *General Dentistry* 57.3 (2009): 270-275.
18. Price, *et al.* "ABC of psychological medicine: Beginning treatment". *British Medical Journal* 325.7354 (2002): 33-35.

19. Profit WR and Fields HW. "In: Contemporary Orthodontics 3rd edition". Mosby Inc. St Louis Mo (2000): 318.
20. Schott TC., *et al.* "Quantification of patient compliance with Hawley retainers and removable functional appliances during the retention phase". *American Journal of Orthodontics and Dentofacial Orthopedics* 144.4 (2013): 533-540.
21. Simonsen R. "Chapter 2 - Ethics Considerations in Esthetic Dentistry". In: Principles and Practice of Esthetic Dentistry (2015): 17-44.

Volume 18 Issue 10 October 2019

©All rights reserved by Yulia Bogdanova Peeva.