

Public Attitude Towards Dentists And Dental Services In Ghaziabad City, India

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ABSTRACT:

Background & Objective: Both dental service providers and planners benefit from an understanding of the public's perception of dentists and dental services. In order to determine how the general public in Ghaziabad, India feels about dentists and dental services, a study was carried out.

Methods: A multistage cluster sampling procedure was used to choose 400 people of Ghaziabad. The individuals were given a structured questionnaire that contained statements about the general public's perception of dentists and dental services in Ghaziabad city. A Likert scale with five points was employed to gauge attitude.

Results: About 67.8% of the survey participants had been to the dentist at least once in their lives. Waiting times, equipment cleanliness, and dentist advice to patients to stop unhealthy behaviors including smoking, drinking, and pan chewing were all met with negative responses. Positive attitudes were seen about the accessibility of dental services close to one's place of home or employment, the utilization of contemporary medical technology in patient care, and the integrity of dental practitioners. About 67% of study participants thought dental services were pricey. Only 65% of research participants believe routine checkups prevent dental disorders, and 33% think dental care can be put off if there are other costs.

Conclusions: The subjects' attitudes toward dentists and dental treatments were largely favorable. The waiting time and hygiene both elicited negative reactions.

INTRODUCTION

The public's perception of medical professionals in general, dentists in particular, and dental services in general is the result of a variety of experiences and occasions. Dental professionals can better grasp the challenges of changing the public's attitude and behavior toward oral health care by being aware of these attitudes. Dental professionals might benefit from being aware of how the public views our field. [1,2] Although the majority of dentists sincerely care about providing exceptional care and making dental visits relaxing and stress-free, the public's perceptions may not always align with dentists' viewpoints. [3]

Whether people seek dental treatment and whether they seek preventative or curative dental care depends on how the general public feels about dentists and dental services. Their readiness to receive treatment and the degree of anxiety they experience while receiving it are both influenced by public perceptions. Public perception of dental professionals affects how well

health education and self-care practices are followed. In the end, this data can be employed to both plan and enhance current services.

According to a survey done in the United States of America, 85% of respondents trusted dentists. [4] In Finland, people saw dental visits as necessary but unpleasant. [5] 96% of Norwegians believed that dentists provided quality care. [6] Data from the UK similarly show a continually rising trend toward favorable opinions toward dental health. [7] Despite the fact that numerous studies have been conducted in India to evaluate the level of oral health among various population groups, the public's perception of dentists and dental services is poorly documented.

It is crucial to include a larger group of people in the assessment of oral healthcare services. Not just patients' attitudes, but the wider public's as well, is needed. An examination of the general public's opinions toward dental care offers insightful information that is not typically found in dental practice. In order to better understand how the general public in the Indian city of Ghaziabad feels about dentists and dental services, the current survey was conducted.

MATERIALS AND METHODS

The sample was drawn using a multistage cluster sampling technique. Wards are used to divide the city of Ghaziabad for administrative purposes. The 2001 Census of India Report provided the list of wards and the population of each ward. [8] On the basis of population size, twenty clusters of wards were created. 20 wards were created by randomly choosing one ward from each of these 20 clusters to symbolize Bangalore city. Each age group (15–25, 26–35, 36–45, 46–55, 56–65, 66–75, and 76+ years) had a sample size that was proportional to its size in the population. To attain the target sample size of 400, a further 20 volunteers from a variety of age categories were chosen from each of the 20 wards that had been chosen.

In each ward, one street was picked at random. To determine which side of the street should be surveyed, a coin was tossed. The house number from which the survey was to begin was chosen using the final four digits of a randomly chosen dollar bill. The household members who meet the requirements for inclusion and consent to participate in the study were given the questionnaire. The next home on the same side of the street was visited to continue the study. Once at a crossroads, the survey was carried out there on the predetermined side of the street. The process was carried out repeatedly until the necessary sample size was attained.

Assessments were made of feasibility, face validity, and content validity. The questionnaire's face validity was previously examined during a pilot study with a small sample of participants. An authority in public health dentistry evaluated the content validity. Before the questionnaire was finally used for the survey, the required adjustments were made.

Only individuals who granted their approval to participate in the study were informed about it at the outset of the questionnaire. The questionnaire included demographic data, information on recent dental visits, and 12 statements to gauge attitudes toward dentists and 11 statements to gauge attitudes toward dental services. Many studies around the world have employed a similar methodology for gauging public opinion based on responses to questionnaires including remarks about dentists and dental services. [11-14]

The response was noted on a Likert scale of 1 to 5. Strongly agree, agree, don't know, disagree, and strongly disagree were the available alternatives. [15] In % AGREE, the proportion of respondents who agreed and strongly agreed with the statement is shown, while in %

DISAGREE, the percentage of respondents who disagreed and strongly disagreed with the statement is shown. Utilizing version 10 of the SPSS software, the data were examined.

RESULTS

Sociodemographic characteristics of the subjects are shown in the Table 1. Table 2 depicts the dental service utilization pattern of the subjects. About 67.8% of the sample had visited a dentist before; 93.6% of subjects visited a dentist when there was a problem and only 6.4% went for a check-up. When asked for reasons for not having a prior dental visit, 47% of the respondents said that they had no problem. Inability to afford fee was the response of 9.8% subjects; 7.9% of the respondents did not visit a dentist because of time constraints.

Table 3 represents the study subjects' attitude toward dental services. Study subjects generally had a positive attitude toward dentists though there were certain areas where the attitude was negative. About 49.5% of the respondents felt that dentist makes them wait for a long time; 54.2% of the respondents felt that dentists' instruments are not clean. Only 57% subjects agree that the dentist help them to give up unhealthy practices like smoking, drinking and pan chewing. Study subjects had positive attitude toward certain aspects like availability of dental services near to their place of residence or work, modern equipments being used for treatment and the nobleness of the dental professionals. However, majority of study subjects feel that dental services are expensive. Only 65% agree that regular check-ups prevent dental diseases. About 33% of the study subjects agree that the dental treatment can be delayed if there are other expenses.

Table 1: Demographic characteristics of the sample	
Demographic characteristic	Number (%)
15-25	109 (27.1)
26-35	108 (26.9)
36-45	75(18.5)
46-55	54 (13.4)
56-65	28 (6.7)
66-75	17 (4.1)
76 years above	9 (2.3)
Gender	
Male	210 (52.5)
Female	190 (47.5)
Education	
No formal education	15 (3.7)
Primary education	36 (9.0)
Secondary education	181 (45.2)
Graduation and above	168(42.1)
Occupation	
Professional and administrative	36 (8.9)
Services and sales	145(36.3)
Production and manual labor	38 (9.4)
Housewife	69 (17.2)

Retired	19 (4.9)
Unemployed	93 (23.3)
Income group (Rs./annum)*	
<90000	94 (23.6)
90000-200000	163 (40.7)
200001-500000	124(31.0)
>500000	19(4.7)

	Number (%)
Previous dental visit	
Visited a dentist	271 (67.8)
Not visited a dentist	129(32.2)
Reason for dental visit	
As there was a problem	253 (93.6)
For a check-up	17(6.4)
Type of dental service utilized*	
Private dental clinic	301 (75.4)
Dental college	243 (17.9)
Government hospital	72 (8.3)
ESI□/CGHS□/Army Hospital	12(3.1)
Native practitioner	2 (0.6)
Reason for choosing dentist	
Near house/workplace	77(28.4)
Recommended by others	59 (21.8)
Easy appointment	17 (6.3)
Reasonable fee	28 (10.6)
Good treatment	89 (32.9)
Reason for not visiting a dentist	
No problem	60 (47.0)
No time	10 (7.9)
Cannot afford fees	13 (9.8)
Problem not serious	34 (26.6)
Teeth are not important	5 (4.4)
Afraid of/don't like dentists	5 (4.4)
*Multiple responses were given, *ESI – Employee's State Insurance,	

Table 3: Attitude towards dentists					
	strongly agree	agree	don't know	disagree	strongly disagree
Dental clinic/hospital is near to my house/work place	13.30	61.70	11.30	8.65	1.04
Treatment area is always clean	12.45	57.70	19.15	6.20	0.40
Modern equipments are used for treatment	14.35	53.30	23.25	4.40	0.60
Dental treatment is always expensive	20.80	44.20	16.40	13.70	0.80
Dentistry is a noble profession	14.25	57.70	20.60	2.85	0.50
Regular check-ups, even when nothing is wrong, will help prevent oral problems	14.60	48.45	22.20	9.50	1.15
Dental treatment can be delayed if there are other expenses	3.40	27.50	25.85	33.75	5.40
Some dental treatment can be painful, but worth in the long run	10.95	59.15	19.40	5.25	1.15
Dental treatment is not required as teeth will be lost eventually	2.60	18.85	21.30	42.05	11.10
Fear of pain during treatment keeps me from utilizing dental services	5.35	32.20	21.05	34.00	2.40
Dental treatment is a part of overall health care	21.20	54.05	12.95	6.70	0.10

DISCUSSION

The goal of the current study was to determine how Ghaziabad city residents felt about dentists and dental services. Not the individuals' level of satisfaction with the dental services, but statements about dentists and dental services were included in the questionnaire. Because it is the opinion of the entire community that matters, participants in the current study included both those who had seen a dentist as well as those who had not.

32.2% of those polled had never visited a dentist, while 67.8% had done so at least once. This pattern is consistent with the results of a study by Zhu et al. [16] in China, where only 68% of individuals aged 35 to 44 had visited the dentist at least once in their lifetime. The most likely explanation is that people in the Indian subcontinent tend to seek home cures first before visiting a doctor or dentist for illnesses.

In the current study, 93.6% of the participants who had visited a dentist did so only when there was an issue, whereas 6.4% went for a checkup. According to a research by Newman and Gift[17], 53% of Americans visit their dentist regularly even when there is no problem. This enormous gap may be explained by the study population's ignorance of the importance that routine dental visits play in avoiding dental disorders. The availability of dental insurance in the USA enables the general people to go to the dentist frequently.

The most common type of dental service, used by 75.4% of participants, was provided by private dental clinics. Similar findings were obtained from a study carried out in Hong Kong[18], where private dental clinics are the main providers of dental care. The most common reason for seeing

a dentist in the current survey was its proximity to the home or place of employment (28.4%). In this study, 21.8% of the participants selected their dentist based on recommendations from others. According to Alvesalo and Uusi Heikkilä's research, 34% of Finnish individuals went to the dentist after getting a recommendation from friends or neighbors. [19] This demonstrates how crucial social context is when selecting a dentist.

In line with 49.5% of answers, "dentist makes patients wait for a lengthy period." In contrast, a research conducted in the UK[14] found that only 24% of respondents concur with a similar assertion. This demonstrates the negative opinion respondents in the current survey had about dentists' scheduling. In this study, 70% of respondents concur that "dentists ought to ask about overall health." In contrast, approximately 90% of the participants in the study conducted by Lin et al. in China [20] agreed that dentists should ask about general health. Therefore, the public has to be made aware of the connection between dental health and overall health.

A little over 14.2% of those surveyed believed that dentists do not take enough time to comprehend the issue. In the US, 10% of respondents said that dentists cram appointments full with patients. According to 67% of respondents in the current study, dentists explain the issue and all viable treatment alternatives. This agrees with the results of a study by Skogedal and Helöe[6] that was done in Norway and found that two thirds of the respondents thought the dentist explains the treatment plan.

Only 54.2% of participants in the research felt that dental professionals' equipment is clean. A startling 88% of participants in a research by Gerbert et al.[22] in the USA believed that dentists took efforts to maintain their equipment sterile. The United States' strict rules governing infection control procedures and the general public's understanding of these precautions may be to blame. According to the current study, 82.8% of the individuals had favorable attitudes toward the expertise and knowledge of dentists. According to a study by Gerbert et al., 87% concur that dentists provide quality care. 82% of participants in a different study believed that dentists are competent professionals. [19] This demonstrates the widespread acceptance of dentists as competent and talented professionals.

The majority of poll participants (77%) believe that there is a dental care facility close to their home or place of employment, with only 10.7% disagreeing. Given that this survey was conducted in a large metropolis, the general public probably knows about a variety of dental care services. Only 6% of survey participants disagree with the use of contemporary equipment for treatment, compared to nearly 70% who do. The vast majority of participants in a study carried out in Hong Kong[23] agreed similarly that modern equipment is utilised.

67% of the respondents to this study said getting dental work was pricey. This demonstrates that the respondents in the current study are obviously dissatisfied with the price of dental care. Perhaps it's because patients in India have to pay for their own medical care. Subjects rated dentistry as a noble profession in 74% of cases. This demonstrates how much the general public values dentistry as a profession. Therefore, it becomes even more crucial for dentists to live up to the public's expectations.

The majority of responders (65%) concurred that routine checkups can help prevent dental issues. Only 6% of respondents had actually seen a dentist for a checkup, despite the fact that respondents have a good attitude toward routine checkups. This blatantly exposes a discrepancy

between the optimistic outlook and the real conduct towards routine dental checkups. A little over 33% of the participants concur that dental care can be postponed if there are additional costs. This shows that respondents prioritize visiting the dentist lower on their list of priorities.

The current study is a starting step in determining how the general public feels about the dentistry industry. A study weakness is that although the reliability of the used questionnaire was not checked, it passed face validity and content validity tests. This descriptive study simply offers an overview of public perception because that is what it is. It will take further in-depth research to identify the variables that influence public perceptions toward dentistry, both positively and negatively.

CONCLUSIONS

The subjects' attitudes about dentists were largely favorable. Positive attitudes were seen about the accessibility of dental services close to one's place of home or employment, the utilization of contemporary medical technology in patient care, and the dignity of the dental profession. The majority of study participants thought dental care was pricey. Regarding waiting times, the cleanliness of the equipment, and the dentist's assistance in getting patients to stop using unhealthy practices, negative sentiments were seen. The dental profession must take proactive measures to eliminate the negative perceptions held by the general population.

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