Exploring the Opinion of Bulgarian Dentists and Students of Dental Medicine About the Role of Communication in the Treatment of “Difficult Patients” in the Dental Practice

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Abstract

Communication is a common subject in a variety of scientific disciplines and in medicine it means building a doctor - patient relationship, listening, gaining trust, empathy [1-3]. In recent years the reasons have been investigated why a patient follows a given dental therapy. The role of communication used during dental treatment - verbal and non-verbal - is the basis of these studies. Often in dental practice there are the so-called “difficult patients”. Their treatment is defined as a stress factor in everyday practice and a challenge for the dentist [1]. The dentist requires a special approach with these types of patients in order to have strong communication with the patient and to facilitate better therapeutic results and satisfaction with the treatment [3-5]. The aim of this study is to investigate the opinion of Bulgarian dental practitioners and dental students regarding the role of communication in the treatment of “difficult patients.”

Materials and Methods

A survey among dentists from different ages and different specializations was conducted at the 15th International Scientific Congress of the Bulgarian Dental Society, 11-14. 06. 2015. 150 questionnaires were handed out, 132 were filled out. The questionnaire was based on a standardized questionnaire from a similar survey at the University of Ulm, Germany [6]. The study was also conducted among students at the Faculty of Dental Medicine, Plovdiv, Bulgaria, divided into 2 groups: the first included students from second year (before passing the training course in communication in the dental practice); the second group included students from the 3rd and 5th years (after the communication module). Out of 300 questionnaires, 136 were completed by the first group and 138 by the second group. The questionnaire included 25 questions: the first part contained questions related to socio-demographic characteristics of the research contingent, the second contained questions about communication techniques involved in the university education and assessment of the role of education and social environment on the relationship between patient and care provider. Some of the questions were based on the dentists’ and students’ own experience. They examine how often they encounter the so-called “difficult patients”, which patient groups they classify as “difficult” and how they manage to treat them. The questions were assessed with the Likert scale. The Mann-Whitney U test, alternative and graphical analysis, was utilized for the statistical analysis.

Results

In the dentists’ group 74 (56.06 % ± 4.32) were women and 58 (43.93% ± 4.32) men with similar shares in the different age groups (Figure 1). In the first group of dental students 104 (76.47% ± 3.64) were women and 32 (23.53% ± 3.64) men. In the second group of 138 students 102 (73,91% ± 3.74) were women and 36 (26,09% ± 3.74) men. 79.55% of the dentists assessed the conversation prior to treatment as “very important” and 66.67% identified the possession of communication techniques as “very important”. The results in the students’ group were similar - 79.42% before and...
76.81% after communication training define the importance of talking to a patient as "very important"; 58.82% before and 59.42% of the students after learning communication techniques reported that having special communication skills is "very important". The survey among the dentists included the question: "Which patients do you define as extremely difficult". They were offered to choose from 14 specific groups of patients, assessed with the three-point Likert scale as "not difficult", "difficult" and "very difficult" (Chart 1). More than one answer was possible. 99 of the dentists (76.16% ± 3.74) considered as "very difficult" patients with mental illness, followed by non-compliant patients (n = 83; 63.85% ± 4.21) and aggressive patients (n = 69; 53.08% ± 4.38). It turns out that easiest to treat are family members (n = 81; 61.36% ± 4.24) and friends (n = 68; 51.52% ± 4.35). The results of the students are presented in Chart 2 & 3. It turns out that there is a statistically significant difference in some of the categories, comparing the results before and after communication training: after the training the share of students who define anxious patients as "very difficult" increases from 34.92% ± 4.25 to 51.82% ± 4.27 (p <0.01; u = 2.95). Patients with disabilities are, according to 4.41% ± 1.76 of the students before training, "very difficult" after training - 15.38% ± 3.16 (p <0.01; u = 2.24). Half of the students surveyed before training noted that non-compliant patients are "very difficult" and their share after communication training rises to 66.67% ± 4.01 (p <0.05; u = 2.24). There is no difference in the responses about aggressive patients - before training 76.47% ± 3.64 identify them as "very difficult", after training - 75.36% ± 3.66. Students were also given the opportunity to share their opinion about their own behavior towards the so-called "difficult" patients before and after communication training. Nine common reactions were defined in the questionnaires (Chart 4 & 5). After communication training, the share of students who responded with "nervous" and "angry" significantly decreased, and the share of respondents with "stay calm" slightly increased.

**Chart 1:** Frequency of the dentists’ responses to the question: “Which patients do you define as difficult” according to the characteristics.

<table>
<thead>
<tr>
<th>Characteristics of the patient</th>
<th>Evaluation are not difficult</th>
<th>Evaluation difficult</th>
<th>Evaluation very difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>n p% ± Sp</td>
<td>n p% ± Sp</td>
<td>n p% ± Sp</td>
<td></td>
</tr>
<tr>
<td>aggressive</td>
<td>13 10.00 ± 2.63</td>
<td>48 36.92 ± 4.23</td>
<td>69 53.08 ± 4.38</td>
</tr>
<tr>
<td>know-it-all</td>
<td>26 19.85 ± 3.48</td>
<td>60 45.80 ± 4.35</td>
<td>45 34.35 ± 4.15</td>
</tr>
<tr>
<td>anxious</td>
<td>23 17.69 ± 3.35</td>
<td>75 57.69 ± 4.33</td>
<td>32 24.62 ± 3.78</td>
</tr>
<tr>
<td>haughty</td>
<td>35 26.52 ± 3.84</td>
<td>72 54.54 ± 4.33</td>
<td>25 18.94 ± 3.41</td>
</tr>
<tr>
<td>skeptical towards conventional medicine</td>
<td>34 25.76 ± 3.81</td>
<td>68 51.51 ± 4.35</td>
<td>30 22.73 ± 3.64</td>
</tr>
<tr>
<td>hyperactive</td>
<td>31 23.48 ± 3.69</td>
<td>80 60.61 ± 4.25</td>
<td>21 15.91 ± 3.18</td>
</tr>
<tr>
<td>with body disabilities</td>
<td>67 51.54 ± 4.38</td>
<td>48 36.92 ± 4.23</td>
<td>15 11.54 ± 2.80</td>
</tr>
<tr>
<td>do not speak the language well</td>
<td>58 44.27 ± 4.34</td>
<td>53 40.46 ± 4.29</td>
<td>20 15.27 ± 3.14</td>
</tr>
<tr>
<td>non-compliant</td>
<td>9 6.92 ± 2.23</td>
<td>38 29.23 ± 3.99</td>
<td>83 63.85 ± 4.21</td>
</tr>
<tr>
<td>with mental illness</td>
<td>9 6.92 ± 2.23</td>
<td>22 16.92 ± 3.29</td>
<td>99 76.16 ± 3.74</td>
</tr>
<tr>
<td>cheeky</td>
<td>29 22.14 ± 3.63</td>
<td>67 51.14 ± 4.37</td>
<td>35 26.72 ± 3.87</td>
</tr>
<tr>
<td>highly sensitive</td>
<td>32 24.43 ± 3.75</td>
<td>84 64.12 ± 4.19</td>
<td>15 11.45 ± 2.78</td>
</tr>
<tr>
<td>friends</td>
<td>68 51.52 ± 4.35</td>
<td>37 28.03 ± 3.91</td>
<td>27 20.45 ± 3.51</td>
</tr>
<tr>
<td>family members</td>
<td>81 61.36 ± 4.24</td>
<td>33 25.00 ± 3.77</td>
<td>18 13.64 ± 2.99</td>
</tr>
</tbody>
</table>

**Chart 2:** Frequency of the students’ responses to the question: “Which patients do you define as difficult” according to the characteristics before attending communication course.

<table>
<thead>
<tr>
<th>Characteristics of the patient</th>
<th>Evaluation not difficult</th>
<th>Evaluation difficult</th>
<th>Evaluation very difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td>n p% ± Sp</td>
<td>n p% ± Sp</td>
<td>n p% ± Sp</td>
<td></td>
</tr>
<tr>
<td>aggressive</td>
<td>4 2.94 ± 1.45</td>
<td>28 20.59 ± 3.47</td>
<td>104 76.47 ± 3.64</td>
</tr>
<tr>
<td>know-it-all</td>
<td>16 11.76 ± 2.76</td>
<td>56 41.18 ± 4.22</td>
<td>64 47.06 ± 4.28</td>
</tr>
<tr>
<td>anxious</td>
<td>30 23.81 ± 3.79</td>
<td>52 41.27 ± 4.39</td>
<td>44 34.92 ± 4.25</td>
</tr>
<tr>
<td>haughty</td>
<td>42 30.88 ± 3.96</td>
<td>62 45.59 ± 4.27</td>
<td>32 23.53 ± 3.64</td>
</tr>
<tr>
<td>skeptical towards conventional medicine</td>
<td>32 23.53 ± 3.64</td>
<td>84 61.76 ± 4.17</td>
<td>20 14.71 ± 3.04</td>
</tr>
<tr>
<td>hyperactive</td>
<td>22 17.19 ± 3.33</td>
<td>72 56.25 ± 4.38</td>
<td>34 26.56 ± 3.90</td>
</tr>
</tbody>
</table>
Chart 3: Frequency of the students’ responses to the question: “Which patients do you define as difficult” according to the characteristics after attending communication course.

<table>
<thead>
<tr>
<th>Characteristics of the patient</th>
<th>Evaluation</th>
<th>not difficult</th>
<th>difficult</th>
<th>very difficult</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>p% ± Sp</td>
<td>n</td>
<td>p% ± Sp</td>
</tr>
<tr>
<td>aggressive</td>
<td>10</td>
<td>7.25 ± 2.20</td>
<td>24</td>
<td>17.39 ± 3.22</td>
</tr>
<tr>
<td>know-it-all</td>
<td>8</td>
<td>5.80 ± 1.99</td>
<td>44</td>
<td>31.89 ± 3.97</td>
</tr>
<tr>
<td>anxious</td>
<td>6</td>
<td>4.38 ± 1.75</td>
<td>60</td>
<td>43.80 ± 4.24</td>
</tr>
<tr>
<td>haughty</td>
<td>26</td>
<td>19.70 ± 3.46</td>
<td>62</td>
<td>46.97 ± 4.34</td>
</tr>
<tr>
<td>skeptical towards conventional medicine</td>
<td>24</td>
<td>17.91 ± 3.31</td>
<td>76</td>
<td>56.72 ± 4.28</td>
</tr>
<tr>
<td>hyperactive</td>
<td>36</td>
<td>26.01 ± 3.74</td>
<td>66</td>
<td>47.83 ± 4.25</td>
</tr>
<tr>
<td>with body disabilities</td>
<td>48</td>
<td>36.92 ± 4.23</td>
<td>62</td>
<td>47.69 ± 4.38</td>
</tr>
<tr>
<td>do not speak the language well</td>
<td>54</td>
<td>39.13 ± 4.15</td>
<td>70</td>
<td>50.73 ± 4.26</td>
</tr>
<tr>
<td>non-compliant</td>
<td>4</td>
<td>2.90 ± 1.43</td>
<td>42</td>
<td>30.43 ± 3.92</td>
</tr>
<tr>
<td>with mental illness</td>
<td>4</td>
<td>2.99 ± 1.47</td>
<td>24</td>
<td>17.91 ± 3.31</td>
</tr>
<tr>
<td>cheeky</td>
<td>26</td>
<td>19.40 ± 3.42</td>
<td>60</td>
<td>44.78 ± 4.30</td>
</tr>
<tr>
<td>highly sensitive</td>
<td>34</td>
<td>24.64 ± 3.67</td>
<td>72</td>
<td>52.17 ± 4.25</td>
</tr>
<tr>
<td>friends</td>
<td>80</td>
<td>57.97 ± 4.20</td>
<td>44</td>
<td>31.89 ± 3.97</td>
</tr>
<tr>
<td>family members</td>
<td>78</td>
<td>56.52 ± 4.22</td>
<td>46</td>
<td>33.34 ± 4.01</td>
</tr>
</tbody>
</table>

Chart 4: Students’ behavior during a conversation with “difficult patients” before communication training.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>True</th>
<th>It is rather true</th>
<th>I cannot decide</th>
<th>It is not rather true</th>
<th>Not true</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I stay calm</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>136</td>
</tr>
<tr>
<td>2. I’m nervous</td>
<td>44</td>
<td>32.35 ± 4.01</td>
<td>44</td>
<td>32.35 ± 4.01</td>
<td>28</td>
<td>20.59 ± 3.47</td>
</tr>
<tr>
<td>3. I’m angry</td>
<td>44</td>
<td>32.35 ± 4.01</td>
<td>52</td>
<td>38.24 ± 4.17</td>
<td>24</td>
<td>17.65 ± 3.27</td>
</tr>
<tr>
<td>4. I think I cannot handle it</td>
<td>52</td>
<td>28.24 ± 4.17</td>
<td>44</td>
<td>32.35 ± 4.01</td>
<td>12</td>
<td>8.82 ± 2.43</td>
</tr>
<tr>
<td>5. I feel insecure</td>
<td>40</td>
<td>29.41 ± 3.91</td>
<td>44</td>
<td>32.35 ± 4.01</td>
<td>30</td>
<td>22.06 ± 3.56</td>
</tr>
<tr>
<td>6. I’m trying to handle the situation</td>
<td>4</td>
<td>2.94 ± 1.45</td>
<td>0</td>
<td>14</td>
<td>10.29 ± 2.61</td>
<td>6</td>
</tr>
<tr>
<td>7. I would like to dismiss the patient as soon as possible</td>
<td>50</td>
<td>36.76 ± 4.13</td>
<td>24</td>
<td>17.65 ± 3.27</td>
<td>14</td>
<td>10.29 ± 2.61</td>
</tr>
<tr>
<td>8. I feel competent enough to deal with the situation</td>
<td>4</td>
<td>2.94 ± 1.45</td>
<td>18</td>
<td>13.24 ± 2.91</td>
<td>18</td>
<td>13.24 ± 2.91</td>
</tr>
<tr>
<td>9. I quickly feel that I cannot handle it</td>
<td>64</td>
<td>47.06 ± 4.28</td>
<td>34</td>
<td>25.00 ± 3.71</td>
<td>18</td>
<td>13.24 ± 2.91</td>
</tr>
</tbody>
</table>
Discussion

Communication in the dental practice is a relatively new topic in Bulgaria. The present study shows parallels with world trends in feminization of the profession in the group of dentists and students in Bulgaria [7-10]. It underlines the importance of a thorough conversation and the positive attitude of the Bulgarian respondents towards the topic in accordance with international development in this field [11-13]. A major challenge in everyday practice is the treatment of aggressive patients [14]. Aggression can be caused by fear or stress and occurs spontaneously. Half of the dental practitioners define these patients as "very difficult", while the share of students is relatively constant before and after communication training - about 76% (p <0.001, u = 3.58). This can be explained by the students' lack of experience and the steady and routine way of working of the dentists. For about two-thirds of doctors and students in both groups non-compliant patients are defined as "very difficult". The patient's duties are to observe proper oral hygiene, carry orthodontic appliances or bands, keep dental appointments and prescribed treatment. Failure to comply with these obligations leads to unsuccessful treatment of "difficult patients". The treatment of various patients in everyday practice requires adequate communication skills, tailored to the individuality of each patient. Only in this way can the dentist build a strong environment in the dental practice and trust between the dentist and the patient [19,21].

Conclusion

This study confirms the importance of communication skills in the dental practice during university education and in the treatment of "difficult patients". The treatment of various patients in everyday practice requires adequate communication skills, tailored to the individuality of each patient. Only in this way can the dentist build a strong environment in the dental practice and trust between the dentist and the patient [19-21].

References


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