ACTA ODONTOLOGICA SCANDINAVICA
2022, VOL. 80, NO. 7, 529–534
https://doi.org/10.1080/00016357.2022.2047779

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ORIGINAL ARTICLE

Finnish dentists' experiences with foreign-background patients—a qualitative study

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ABSTRACT

Objective: The population in many countries is becoming more diverse. The number of people from foreign backgrounds is growing in Finland as well. The aim of this study was to better understand how the foreign background of a patient affects the dentist's work.

Methods: The research was carried out as a semi-structured interview. Six dentists from Helsinki municipality public dental care were interviewed between December 2019 and January 2020. After the interviews were transcribed verbatim, two members of the research group read individually the interviews to find emerging themes.

Results: The most common problems that arose in the interviews were problems within communication and interpretation. Periodontal diseases and the importance of self-care in treating them were observed to be unfamiliar to many foreign-background patients. The dentists also noticed different expressions of pain among foreign-background patients compared with native Finnish patients. The interviewed dentists thought that the length of time a patient had lived in Finland affected the experienced difficulties and the prejudice that the patients and dentists faced.

Conclusion: In this qualitative research, we were able to identify some of the common difficulties that the dentists experience while treating patients from foreign backgrounds, despite the small number of participants.

ARTICLE HISTORY
Received 24 September 2021
Revised 23 February 2022
Accepted 25 February 2022

KEYWORDS
Dental care; dentist; ethnic groups; cultural competency; foreign-background patient

Introduction

Because of globalization, opening borders, and easier and cheaper transportation, the population in many countries has become more diverse and heterogenic. Negative reasons such as conflicts, persecution, and poverty and unemployment can also be why a person leaves their home country to start life elsewhere. In Finland, the number of foreign-background people has steadily increased over the last decades, and in 2019 about 7.9% of the population in Finland (altogether 5.4 million) were of foreign background. A person is considered of foreign background when both of his/her parents or the only known parent were born abroad. The most common countries of origin for foreign-background people in Finland are the Former Soviet Union, Estonia, Iraq, Somalia, and China [1].

As the population with foreign backgrounds grows in Finland, we wanted to find out how dentists find this phenomenon in the public health sector. A pilot study of immigrant self-reported need for dental care in Finland [2] showed that there is a serious need for dental care. A recent German study [3] found that, although asylum-seekers in Germany had a greater need for oral health care than German citizens, they were less likely to seek dental care. Similar outcomes could be expected in Finland on a smaller scale. Based on these studies, more foreign patients can be expected to visit dental clinics in the future, although many immigrants have not yet used public dental care services in Finland [4].

To our knowledge, only a few similar studies have been published before, and those are relatively old. In research about a dentist's experiences with immigrants as patients published in 1985, the most notable areas of concern with foreign-background patients were language difficulties and patients' poor knowledge of dental treatments [5]. Another study about dentists' perceptions of difficulties encountered in providing dental care to British Asians was published in England in 1995, and this research also found language barriers as the most frequent obstacle in treatment [6].

As far as communication between a dentist and a patient from different backgrounds is concerned, many questions arise. Are there issues that dentists should pay extra attention to when they treat foreign-background people? How does the lack of a common language affect the appointment? Have the dentists experienced any cultural conflicts?

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Supplemental data for this article can be accessed here.

The aim of this study is to better understand how the foreign background of a patient affects the dentist's work and to find ways to improve communication during the dental visit.

Methods

Because there is not much research about this topic, a qualitative approach was chosen, and data were gathered through a semi-structured interview. This has better potential to produce data compared with a structured interview by allowing more leeway in the interview [7]. The chosen themes for the semi-structured interview were language barrier, cultural differences, prejudice, and time management. The theme of language barrier included subthemes of language problems and experiences with interpretation. The theme cultural differences covered things such as general differences in cultural norms and beliefs, religious practices, and customs as potential complications at dental appointments. The theme prejudice included perceived prejudice both ways—the dentists' thoughts of prejudice against them but also their bias against the foreign patients. The themes were inspired by eight problem areas in providing care for migrant patients in primary care that were discovered in a large study conducted in Europe in 2011 [8]. The themes were translated to Finnish and discussed in the research group and with clinical practitioners, and the most clinically interesting ones were chosen. Time management was not one of the eight problems presented [8], but it was brought up in discussions with clinical practitioners. In addition to the themes, we asked all participants what kind of education they had received for meeting and treating foreign-background patients and whether they had found it useful.

Recruiting participants was done in November 2019. The head dentist of the Helsinki area was asked by email to pass on the interview invitation to the dentists working in public sector dental care—the focus group of this study. The invitation email included the research plan and a short message introducing the research group and the research. The research group was not directly in contact with the focus group before dentists volunteered to be interviewed by one of the research group members.

Six dentists volunteered. All the participants received their dental degree in Finland, they speak Finnish as their native tongue, and treat foreign patients daily or almost daily. One of the interviewees was male and the others female. Three had practiced dentistry for approximately 30 years (D1, D2, D3) each, two for approximately 15 years (D5, D6) each, and one for 2 years (D4).

The interviews were conducted in the participants' office or in some other silent and convenient place in December 2019 and January 2020. Each interview lasted from 1 hour to one and half hours and was digitally recorded. At the beginning of the interviews, informed consent was obtained from the interviewees, and at the end of the interviews, the participants were asked whether they wanted to the check the transcript. The interview chart is available as Supplemental online material. The interviews were transcribed verbatim, and all identifying information was removed. Since then, the interviews were handled anonymously. After the interviews were transcribed, the individual transcripts were sent to those who had asked for them. The participants had no revision requests.

After the interviews were transcribed, two members of the research group independently read the interviews, marking the parts where the chosen themes were discussed. In the qualitative data analysis, emerging themes were identified by finding terms, phrases, and concepts from the interviews that formed a basis for a theme. After individual analysis, they met and discussed their findings until they reached mutual understanding concerning which parts were expressing the chosen themes.

Ethical approval for the study was obtained from the Medical Faculty Ethics Committee of the University of Helsinki before interview invitation was sent. Written informed consent was obtained from all participants. Original interview recordings were deleted after transcription, and the identity of the participants was only known by one research group member, the one who did the interviews.

Results

The results are presented according to the research themes of language barrier, cultural differences, and prejudice. Since the theme of time management did not bring new information, it was decided to be left out by the research group. However, time management is briefly discussed in the theme of language barrier from the interpretation point of view. There is also a section for additional findings.

Language barrier

The interviewed dentists mainly thought they had done their best in communicating with foreign patients and that usually communication succeeded. However, they suggested that communication was much harder if they did not share a common language; if both had to use a language that was not their native language, mainly English; and if an interpreter was not used. D5 noted that maybe the patients did not find communication as problematic as the professionals did. D6 wondered if patients sometimes try to hide the fact that they did not understand the dentist clearly, which might lead to misunderstandings.

Some of the dentists considered difficulties in communication tiring and said that it took more energy and effort. They noted that communication took more time when the dentist and patient did not share a common language or when an interpreter was used.

> [D5: If one treated only them (foreign-background patients), it could be tough because one constantly needs to be on the alert to make sure the patient understands well enough.]

The satisfaction with interpretation services varied. It was sometimes hard to get an interpreter, especially for emergency treatments on short notice. Getting an interpreter for planned appointments such as a dentist examination was

considered easier because it is scheduled well before the appointment. However, there were some language groups, such as Arabic, in which the dentists experienced difficulties finding a good interpreter. The satisfaction for the interpretation also varied in all language groups. The dentists were not sure if the interpreter had interpreted correctly and noted that the professional dental language was sometimes hard for even professional interpreters. The dentists also noted that the professional behaviour of interpreters varied.

> [D2: Some interpreters have a good language proficiency and vocabulary including the healthcare vocabulary. Some are not as professional, and sometimes I feel like they leave out some parts of information. And sometimes the interpreter continues chatting with the escort or someone else when the treatment has been done when they should concentrate on the person they are asked to interpret.]

D2 and D5 pointed out that some language groups in Finland are quite small. This might lead to a situation where the patient knows the interpreter, which would damage the dentist–patient confidentiality.

Overall, the dentists seemed satisfied with interpretation despite the difficulties they experienced because, as they stated, communication would be even more difficult without an interpreter. The interpreters were mostly used during the dental examination at the beginning of a treatment period when many things need to be explained and decided with the patient. They also tried to book longer appointment times for appointments with an interpreter because communication would require more time.

> [D1: I would like to have an interpreter in dental examination appointments, to reach a conclusion about (the patient's) expectations and hopes and, on the other hand, tell what I think I can do, and I would like to do as well as what is possible to do.]

Cultural differences

The dentists shared a concern for the patients' expectations not meeting the reality—the dental prostheses being one common issue. They noted that prosthetic treatments vary in different countries, and that could create a perception of discrimination for the patient. One example is given by D2.

> [D2: Removable dentures, that are rare or somehow belittled in many countries. They are thought as less valuable.—Many (foreign-background patients) want implants and fixed dentures, and those are made in their home countries. And it is not, however, that kind of fixed dentures that is made here, but it can be very creative solutions.]

Many of the interviewed dentists noted that periodontal issues and treatments were not familiar to many patients. They felt that explaining periodontitis as a chronic disease and the treatments to the patient were difficult, partly because of the language barrier. Based on their experiences, the patients did not know the importance of self-care in the treatment of periodontal diseases, and many stopped cleaning the approximal spaces when the gums started bleeding. Sometimes patients also refused to swallow blood during periodontal treatments.

The female dentists described situations where they felt like their professionalism and knowledge were questioned by male patients. The dentists also shared stories where they felt that the gender of the dentist could have been an issue for the patient, usually in a situation where a male dentist was supposed to treat a female patient. Some of the dentists noted that sometimes female or older patients did not know Finnish, although they had lived in Finland for quite a while, and they had their husbands or younger family members with them to interpret.

> [D3: Usually women are accompanied by their husbands. Sometimes it is good because the husband knows Finnish better. But sometimes it is bad because the husband is constantly asking, what we are doing and why and like make a fuss of his wife.]

> [D4: I have noticed that sometimes among lower educated and older population, some do not bother to learn much Finnish. It is quite common, and I need to use interpreter with them. But of course, I should not generalize.]

Many of the interviewed dentists pointed out that they did not know the past and the background of foreign patients, and this especially was the case with refugees and asylum-seekers. They wondered what the patients might have gone through—things that the treating dentist did not know, such as experiences of violence or torture, that affects the relationship between the patient and the dentist. The traumatic past could also create mistrust towards dental professionals, which was brought up by some of the participants.

> [D4: … Or it is known that one-third has experienced abuse, torture. So, one wonders how much it affects seeking dental care and everything that is done in the patient's mouth. One might try to particularly pay attention to that. If one gets a feeling that there is something lying behind, torture or something else.]

When the interviewed dentists were asked if they noticed any differences in foreign patients' expressions of pain and how they coped with those expressions, many noted that the expressions of foreign-background patients might be stronger than those of native Finnish patients. Some thought it might be just a difference of personalities though. One also wondered if the general range of emotions and expressions were larger than with Finnish patients. D6 brought up the thought that those who do not talk about their pain might have experienced something painful in the past, such as torture, which then affects the expression of pain.

> [D6: In my opinion, some can be more sensitive to pain. In a way, the way the pain is expressed, that they (the foreign patients) react to much smaller discrepancy.—But on the other hand, not showing the pain also happens. That no matter how much pain the person suffers, they cannot express it verbally or show it. Maybe both extremes are more represented compared to the indigenous population.]

Nevertheless, the dentists agreed that the pain itself is probably similar—the difference is the expression of it. One pondered on the differences of languages in describing the pain, which might affect the communication and expression of pain. When asked, some of the dentists reported that they

use local anaesthetics more easily when they treat foreign patients.

Overall, the dentists pointed out that many things depended on how long the patient had lived in Finland and how familiar they were with Finnish culture and customs.

> [D6: … And it is not always. It depends on what is the role of a woman at home. She might have lived in Finland for a long time, but if she just takes care of the family, has many children, and cannot get attached to Finnish society.—But commonly it is so that they arrive in one country but still live in a culture of their original country. And of course, we do not know their background, how much different kind of traumatic experiences they have, of course it matters.]

Prejudice

Sometimes misunderstandings can create a perception of discrimination to the patient. D2 noted that whereas removable dentures are a common dental treatment in Finland, some patients might think that it is offered to them because they are immigrants. Or that some, especially extensive or more expensive, treatments are not offered to them because they are foreign-born. One of the dentists wondered if some foreign patients might think that they are categorized to have certain treatments because they are refugees or because they get economic support from the Social Insurance Institution of Finland.

Some of the dentists said in the interview that they had noted prejudiced thoughts themselves. For example, a patient's foreign name might have created expectations of bad oral hygiene or other similar thoughts. Nevertheless, they all actively tried to forget that prejudice and stated that they want to treat all patients equally.

> [D5: … later the dentist only remembers what is between Maxilla and Mandible, not the color of the skin.]

We asked the participants if they had received additional education in terms of treating foreign-background patients. Some had a few chances to educate themselves officially and unofficially. The education of multicultural issues varied from staff training days and short information announcements to breakroom conversations with foreign-background colleagues.

Discussion

In our research we found that a patient's background affects the intercommunication between the patient and dentist. The participants talked about challenges in communication and interpretation, situations where cultural differences became observable and noticeable discrepancies in patients' knowledge about dental treatments and oral hygiene. Not knowing the foreign-background patient's background and history also surfaced in the interviews as a matter to consider by the treating professional.

Language barrier was reported as the most frequent problem of dentists working with foreign-born patients in previous studies about this topic [5,6]. In a Swedish study, the dentists reported similar ways to cope with language difficulties, which included official and unofficial interpreters (family members or friends of the patient) [5]. Poor communication can be the cause of patient dissatisfaction of a dental treatment [9]. Finnish law [10] states that the healthcare professional should try to give information to the patient in such a way that the patient can understand it, and the treatment plan should be done in mutual understanding with the patient. Communication difficulties make it harder to give the patient information about planned treatment options, self-care, and prevention.

The dentists used numerous ways to provide information and care to a patient with whom they did not share a common language. In addition to professional interpreters, many used patients' family members, friends, or another dental professional who spoke the patient's language, such as dental nurses, as interpreters. In these cases, the participants of our study noted the possibility and risk of translation inaccuracy. In an Australian study, the participating dentists were most satisfied with informal ad hoc interpreters, although in that research the problem of inaccurate translations was also brought up [11]. The ethical problem of using a family member, especially a patient's child, has been noted in multiple literature sources of patient–dentist/doctor communication [11,12]. When using a non-professional interpreter, it is important to stress the confidentiality of the discussion to the interpreter [12].

According to a migrant health and wellbeing report from Finland [4], out of the Russian-, Somali-, and Kurdish-origin immigrants, many had a traumatic experience in their home country (23%, 57%, and 78%, respectively), and 22.7% of the Kurdish-origin immigrants had experienced torture. Considering these results, the history and possibility of torture are something dentists should consider when treating immigrants, especially asylum-seekers and people from conflict areas. Social deprivation and traumatic experiences are also described as problem areas in treating migrant patients identified in primary care [8].

The participants in our study paid attention to foreign patients' expressions of pain and thought that the expressions were stronger than among the native population. The beliefs, expectations, and descriptions about pain can be learned and thus differ from one culture to another [13]. The language barrier might enhance the need for the patient to express pain in non-verbal ways to gain the dentist's attention. Infliction of pain can be stressful for a dentist [13], and treating a foreign patient might be stressful in other ways as well, due to reasons such as the language barrier. The stress might enhance the dentist's experience of the patient's expression of pain.

Some of the dentists in our study felt like their professional skills and knowledge were doubted by the foreign patient. This finding is supported by a Swedish study of foreign-born patients' perception of communication and care, where the foreign-born patients thought more often that the dentist did not know what they were doing during their appointment (76% compared with 93% of native-born participants) [9].

Our interviewees stated that they try to treat all patients equally, which is expected considering the ethical code of dentists. However, there is research that the patients' ethnicity and socio-economic status affects physicians' perception of patients [14]. Probably similar results could be found among dentists. According to some studies, a patient's ethnicity and skin colour can influence the treatment decision-making in dentistry and what treatment option is suggested for a patient [15–17].

During the interviews, we did not ask whether there are codes of conduct about treating foreign-born patients. If there is no such information, creating those might be a useful way to standardize the treatment of foreign patients and a way to reduce a dentist's potential stress about treating foreign patients.

Out of approximately 240 dentists working in the public sector in Helsinki [18], we only had six participants in this research. The gender distribution of participants in this study, five female and one male, represents the gender distribution of dentists in Finland well [19]. The number of participants might have been higher if we had been able to be directly in contact with the focus group or if we had sent a reminder to the focus group. The research topic can be quite sensitive, which might affect the number of voluntary participants, although the data were handled anonymously. Because of the small sample size, there is a possibility of volunteer bias because the participants probably had some experiences that they wanted to share. The research group might also have a confirmation bias about the themes chosen and the questions asked during interviews, and because all the members of this research group were native Finnish, they probably view this topic and the results from a North European perspective. The participants mainly seemed to discuss refugees and asylum-seekers as patients, although there are other reasons for foreign-background people to come to Finland, such as work-related immigration.

The sample size can be considered a limitation of our study, although generalization of results was not the purpose of this qualitative research aiming to improve our understanding of experiences and interpretations. Some 'saturation' can be seen even in these data, although more interviews would probably still have brought new information and strengthened the data. However, we think that this research has served its purpose of trying to better understand how the foreign background of a patient affects a dentist's clinical work or – better to say – their interpretations of how it affects. This qualitative research can also be seen as a pilot study for the further (maybe quantitative) research of this novel subject in the Finnish context.

Comparing this study to similar ones in other countries, it should be noted that the Finnish population is still quite homogenic compared with the population of bigger countries, such as the United States or Germany and the United Kingdom in Europe, where the population diversity is greater. We believe that the main emerging themes would be similar if the research was repeated elsewhere.

In conclusion, this research brought up some issues that should be considered and noticed when treating foreign-background patients. These issues include language problems, cultural differences, and prejudice from both the dentist and patient. It seemed like the interviewed dentists were aware of many of these issues and had been taking them into account as well as they could in their clinical work. The participants of this study did not find additional education on treating foreign-born patients necessary. The dentists thought that most knowledge came from practice. However, we think that the results of this research can be used and utilized in educating new dental students and in the professional development of dentists.

Geolocation information

Finland, Nordic countries.

Acknowledgements

The authors thank the dentists who participated in this study for giving their time and sharing their experiences.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by the Helsinki Region Dentists' Association.

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Data availability statement

The data underlying this article cannot be shared publicly because of the privacy of the individuals that participated in the study. The data will be shared on reasonable request by contacting the corresponding author. The data are in Finnish.

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