A descriptive study of how dentists view their profession and the doctor–patient relationship

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In this article we report on how 64 dentists working in a big city in southern Sweden view their profession. The dentists ranged in age from 30 to 70 years (as it was indicated in intervals of 10 years). Their professional experience ranged from 2 to 44 years (mean, 23 years). We collected their views on the ideal skills of a good dentist by means of a questionnaire. From this material we identified three categories: 1) interpersonal skills; 2) clinical skills; and 3) others, such as self-confidence, stress tolerance, and managerial and administrative skills. Next, they rated the relative importance of a number of listed attributes in dentistry in this order: contact with patients, communication skills, empathy, manual skills, and theory. Finally, they described a number of aspects of their profession. We conclude that the importance of interpersonal skills, as well as stress tolerance and administrative skills, is emphasized by experienced practitioners but that these skills are not focused on in the dental curriculum. □ *Interpersonal skills; practicing dentists; questionnaire*

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Although both practitioners and researchers in dentistry recognize the importance of interpersonal skills—what an earlier generation simply called 'bedside (or chairside) manner'—these are neglected in the dental curriculum (1, 2). At the same time, several studies have indicated that poor interpersonal relations are a major cause of poor compliance with treatment (3) and patient loss (e.g. 50% in a study by Colette (4)).

A large body of empirical evidence shows that the behavior of dentists influences their patients. In several studies (5–8) it was noted that patients emphasized that a doctor should express affection, understanding, and acceptance and must be caring, humane, gentle, and friendly, as well as professionally competent. In addition, Van Groenestijn et al. (9) found that what patients seek in their dentists refers to their social, rather than their clinical, skills: the ability 1) to perceive and cope with patient anxiety, 2) to establish and maintain rapport with patients, and 3) to inform patients and provide explanations.

Turning to the dentists' concerns, Dunstone (10) emphasized patient likability, manageability, and prognosis. Cooper (11) conducted a survey of 150 Californian dentists (in private practice) and asked them to identify those aspects of their work that they liked and disliked most. The characteristic that caused most stress was coping with difficult patients, which could be seen as a social, rather than a medical, skill. Further analysis showed that many of the variables that contributed most to stress were linked to deficits in social and managerial skills rather than professional medical skills. Finally, a Swedish study (12) revealed that patients' behavior also caused much or very much stress: 71.3% of the dentists felt that 'patients [did] not appreciate dentist's work', and 24.3% indicated that 'patients show fear'.

The aims of this study are 1) to determine the ideal characteristics of a good dentist that are essential in dentistry and associated with professionalism; and 2) to investigate how dentists rate the relative importance of interpersonal skills in dentistry when comparing them with clinical skillfulness. Our hypothesis is that dentists' descriptions of a good dentist will reveal aspects of interpersonal skills that are relevant in the dentist–patient relationship and in the dental curriculum.

Materials and methods

Participants

One hundred and fifty professional dentists working in a big city in southern Sweden were randomly selected from the registration booklet of the Swedish Dental Association. Ninety-five percent of the dentists were native Swedes, and 5% had other cultural backgrounds. Participant loss was 57%, which means that only 64 dentists participated in our study despite the fact that we sent reminder letters. Since no personal contact was taken with nonresponders, we have no data on their age or experience. Sixty percent of the nonresponders were women, and the majority (70%) worked in private practices.

Responder dentists ranged in age from 30 to 70 years (30–40 years, $n = 8$; 40–50, $n = 26$; 50–60, $n = 24$; over 60, $n = 6$; age was indicated in intervals of 10 years). Thirty of our participants were men and 34 were women. Their professional experience ranged from 2 to 44 years (mean,

23 years; standard deviation (*s*) = 9.19). Seventeen (27%) dentists had more than 30 years' experience; 30 (48%), between 20 and 30 years; 11 (16%), between 10 and 20 years; and 6 (9%) had less than 10 years' experience in dentistry. Thirty-seven of the participants worked in public dental clinics (60% women, 40% men), and 27 had private practices (60% men, 40% women).

This study is part of an extensive research project aimed at investigating how to improve the current admission system in the Faculty of Odontology at Lund University in Malmö. All participants were informed about our research project and the purpose of the questionnaire in a covering letter that was mailed to dental clinics with the questionnaire. All participants answered anonymously.

Instrument

A semi-structured questionnaire was developed (available on request from the principal author, K. R. Kulich). A draft questionnaire was compiled by dental school teachers in Malmö and was developed further to include information that we had collected during discussions with dental school teachers and supervisors, and some further issues identified in the psychologic literature.

The questionnaire consisted of 11 questions. Ten questions had a descriptive character with the purpose of encouraging answers as spontaneous and informative as possible. The questionnaire covered the following areas: motivation to become a dentist; advantages and disadvantages of dentistry; characteristics of a good or ideal dentist; if and how their relationship to their patients has changed over time; what, in their view, characterizes professional behavior/attitude toward patients; their own judgement of themselves regarding the quality of the service they provide to their patients; and how or whether they have changed as doctors over time. Finally, we were interested in how the dentists managed criticism from patients, what the most stressful moments were in dentistry, and how they coped with these stressful moments. One question required dentists to indicate on a three-point scale (1 = relatively very important, 2 = relatively important, 3 = relatively less important) their preferences regarding skills and/or abilities that a dentist must acquire, such as theoretic knowledge, simultaneous capacity (i.e. the ability to concentrate on more than one thing at a time), good contact with patients (i.e. making the patient feel relaxed and welcome), communication skills (i.e. the ability to understand what the patient wants and the skill to mediate his or her own opinion so that misunderstandings are avoided), self-confidence, manual skills, and empathic understanding (i.e. sensitivity to patients' emotional reactions and needs).

Statistical methods

Descriptive statistics (means, proportions) and the sign test for nonparametric data were calculated using the program SPSS/PC (SPSS Inc., Chicago, Ill., USA).

Results

The main reasons mentioned for becoming a dentist in the first place were, in order of frequency, working with people (32%); interest in biology/medicine (20%); chance, including influence from parents or friends (15%); interest in manual work that is based on medical science and requires creative manual skills (11%); and being well paid and having a high status (8%). The rest of the respondents (14%) reported other reasons, such as good career prospects.

When analyzing the 276 statements in answer to the item 'Describe a good dentist', we identified 12 categories of 1) interpersonal, 2) clinical, and 3) other skills. Categories of interpersonal skills are patient-oriented attitude (e.g. patient-centered care, service-mindedness, and ability to provide the best possible treatment/therapy); empathy (e.g. listening skill, ability to understand the patient's situation, and ability to be considerate and accommodating toward patients); desirable attitudes toward patients and colleagues (e.g. positive, cheerful, patient, and able to maintain a balanced distance between oneself and patients and colleagues); and communication skills (e.g. ability to explain dental procedures and to communicate with colleagues and with patients of different backgrounds).

Categories of clinical skills are overall clinical skillfulness (e.g. soft-handed, can make a good prognosis, and can make the most of the situation combining the technical, medical, and patient's resources); dexterity (e.g. manual/technical skillfulness and nimble-fingered); odontologic experience (e.g. good biologic/medical and technical skills, can apply theoretic knowledge in practice, and optimal usage of instruments and materials); careful–precise–quick (e.g. quality-minded, precise in details, and works with optimal speed); and interest in further professional training (e.g. participation in courses on new instruments, treatments, and materials).

We identified three further categories of attributes that were considered to be characteristic of a good dentist: self-confidence (e.g. calm, with a secure professional identity/role); stress tolerance (e.g. can tolerate high level of stress and is in good physical and psychologic shape); and know-how in the financial management and administration of the clinic (e.g. good knowledge of economics, planning, and administration).

Of the 276 statements in response to this item, 117 (42.4%) were made by male dentists and 159 (57.6%) by female dentists. No gender differences were found.

In addition, we asked the dentists to indicate the relative importance of the following types of skills and knowledge: theoretic knowledge, simultaneous capacity, contact with patients, communication skills, self-confidence, manual skills, and empathy. According to our participants, contact with patients (mean, 2.85; $s = 0.43$), communication skills (mean, 2.84; $s = 0.40$), empathy (mean, 2.79; $s = 0.47$), and manual skills (mean, 2.70; $s = 0.49$) have the highest priorities in dentistry. Theory (mean, 2.50; $s = 0.56$), self-

Table 1. Number of dentists rating interpersonal skills as more (>), equally (=), or less (<) important than other skills in dentistry ($n = 64$)

	Importance of interpersonal skills				
	>	=	<	Z	*P* (2-tailed)
Manual skills	15	38	11	−0.588	0.556
Theory	28	28	8	−3.16	0.002
Self-confidence	36	26	2	−5.35	0.001
Simultaneous capacity	46	15	3	−6.00	0.001

confidence (mean, 2.29; $s = 0.65$), and simultaneous capacity (mean, 1.92; $s = 0.71$) were reported to have lower priorities, but are still obviously essential.

Since communication skills, contact with patients, and empathy are all overlapping interpersonal skills with high and similar mean values (indicating a ceiling effect), they were used to construct a composite measure that was compared with the other skills as one interpersonal skill variable. A sign test revealed (Table 1) that dentists rated interpersonal skills as relatively more important than theory, self-confidence, and simultaneous capacity (in this order) and equally important as manual skills. No gender differences were found.

Forty-six percent of respondents reported that their contact with patients had changed somewhat, whereas 32% reported that it had changed considerably, and 22% said that it had not changed at all. The first group reported that they had become more experienced and thereby more self-confident in their profession over time, with increased medical and interpersonal skills. Dentists reporting dramatic changes and no changes at all chose not to detail their responses.

Nearly all dentists (95%) reported that they show openness toward criticism from patients if it is specific, well founded, and related to dental care. Some dentists (20%) added that patients' criticism or complaints were sometimes rooted in cost-related problems (i.e. patients' financial difficulties).

Half of the dentists complained most of all about time pressure (e.g. to catch up with the administrative work, or satisfy patients' apparent need to talk or discuss treatment-related subjects in detail, yet at the same time to keep to the schedule). Another complaint was the dentists' financial situation (35%): the costs and taxes they have to bear, as well as a low salary compared with the amount of work undertaken.

Stress, both physical and psychologic, was the most often mentioned disadvantage of being a dentist (90%). In reporting sources of stress, 60% of all participants cited that they were underpaid, that their status had decreased, and that the burden of administrative work was enormous.

Seventy percent of the dentists mentioned that the greatest advantage of their profession was having contact with people and being in a position to help them. Flexible working hours, creativity, and relatively independent decision-making were attractive to about 60% of the dentists.

To manage and reduce both physical and psychologic stress, doctors reported that they preferred a well-planned schedule, many breaks, realistic plans and expectations, mental and physical preparedness (including exercise), more knowledge, and better skills.

Discussion

Our main intention was to investigate the descriptions of professional dentists regarding the ideal characteristics of a good dentist and their judgements of the relative importance of the various skills and capacities in their clinical practice.

When the participants were asked to describe the characteristics of a good dentist in their own words, we found that five of our seven original categories—contact with patients, communication competence, empathy, manual skills, and self-confidence—were supported (theory and simultaneous capacity as discrete categories were not); and we identified several new categories that we labeled as desirable attitudes toward patients and colleagues, overall clinical skillfulness, experience, careful–precise–quick, interest in further professional training, stress tolerance, and know-how in the financial management and administration of the clinic. Some of these categories lend further substance to those included in the questionnaire, whereas others (e.g. administrative skills and know-how in management) do not seem to have received much attention in previous research.

When participants described the ideal professional attitude toward patients and how they viewed the service the ideal dentist should provide, 90% emphasized the same ideal characteristics mentioned above, while the remaining 10% emphasized either a well-balanced professional distance between doctor and patient or the ability to see one's professional limits (i.e. readiness to refer patients to specialists if necessary). Hence, our participants expressed an attitude that is described in the literature (5–8) and accords well with their patients' preferences, as disclosed by ter Horst & de Wit (13), who found that patients' decisions whether to stay with the same dentist over time usually depended on his or her interpersonal skills.

Our data, however, do not reveal which of the mentioned ideal qualities our participants have, or how or whether they can meet their own professional expectations. Further investigation is needed to explore this issue.

Regarding the judgements of the relative importance of the various skills and capacities in their clinical practice, the findings suggest that contact with patients, communication competence, empathy, and manual skills are given high and equal priority. Theoretic knowledge, simultaneous capacity, and self-confidence were ranked as relatively less important. Although interpersonal skills

were emphasized, it is important to stress that they complement, and are not substitutes for, medical skills.

It is notable that none of our participants mentioned that concern about getting along with difficult patients is a disadvantage or a serious hardship in dentistry in general. This result is inconsistent with a previous finding (4), and it seems unlikely that the dentists who participated in this study have no problems at all in their interactions with patients. However, because of the small proportion of respondents, it is not possible to make a conclusion in this regard.

The dentists reported that, in general, they met criticism from their patients with open communication, often successfully. An important observation is that conflict with patients originates not only in the dentist's lack of interpersonal skills but also in other factors that may be problems in themselves, such as administrative limits caused by a tight schedule (which may imply that there is not enough time to describe the treatment to the satisfaction of each patient), as well as the cost of treatment. As one dentist put it: 'One sometimes gets the impression that it is hardly the doctor's service or what the patient thinks of health care that counts, but purely its financial aspects.' Furthermore, the dentists reported that whereas treatment is based on biology and medical science, patient satisfaction is influenced also by psychologic and social factors. In summary, a treatment is successful only if the patient is satisfied from a medical, psychologic, and financial point of view.

The large dropout rate in this study (57%) is a major methodologic concern and clearly limits the possibility to generalize the results. Evidently, a sizable proportion of the dentists who were asked to participate did not consider the issues raised to be relevant or interesting, or we did not succeed in motivating participation. Considering the growing interest among some dentists in specializing in treatment for which patients need more attention and more than the usual care—for instance, patients with dental phobia (Berggren (14))—a possible conclusion is that large variation exists among dentists in their ambition to fulfill their patients' 'paramedical' needs. If this is true, the legitimacy of stressing social and communicative skills in the formal curriculum in dental schools seems to be strengthened.

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