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REVIEWS

FACTORS INFLUENCING THE COMMUNICATION BETWEEN DENTAL SPECIALISTS AND PATIENTS

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ABSTRACT

The profession of a dental specialist is complex. It has a social element and can be successfully practiced only if dental doctors have acquired theoretical knowledge and practical communication skills. According to Alan Pease, words make up 35% of a message, and the remaining vocal and non-verbal elements comprise 65%. The aim of the present study is to systematize the factors influencing the communication between dental professionals and their patients. A research was carried out in the scientific databases PubMed, Scopus, ScienceDirect, and Web of Science to obtain the information needed. The keywords used were: *influencing factors, effective doctor-patient communication, child communication*, and *geriatric dentistry*. The factors influencing the communication between the dentist and the patient are divided into three groups: factors from the patient's side, factors from the dentists and their team's side, and factors pertaining to the working microclimate (working environment) in the dental practice. The age of the patient is one of the most important factors influencing the communication in the dental practice. Another factor that is extremely important is the patient's health management and competence. In order for the dental practice to be successful and for the patients to be satisfied with the quality of the dental services provided, one of the most important factors is effective communication.

Keywords: *influencing factors, effective doctor-patient communication, child communication, geriatric dentistry*

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INTRODUCTION

The profession of a dental specialist is complex. It has a social element and can be successfully practiced only if dental doctors have acquired theoretical knowledge and practical communication skills. According to Alan Pease, words represent 35% of the message, and the remaining vocal and non-verbal elements comprise 65% (1). From this point of view, the various models of doctor-patient relationships and

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Harter's sequential steps for involving the patient in the decision-making process during the treatment are described, as well as the authors' research on the importance of good communication for patient treatment satisfaction. Some of the psychological tools for assessing a patient's condition before and during treatment are presented (2). The Nova Scotia Dental Association (NSDA) clarifies the role of communication as part of the dentists' job to enable their patients to make informed decisions about their oral health by providing them with information about professional opinions, goals of dental treatment, and findings of authors in this field of knowledge (3,4). Effective communication between the dental team, the patients, and their relatives is based both on well-established psychological rules for interaction between people and on behavioral patterns specific to dental practice. This includes all the emotional support that the dental team involved in the treatment provides to the patients and their relatives and friends (5,6). Professional support is not based on impulsive answers, but rather gives the patients the opportunity to think about their own treatment model. Apart from professionalism, mandatory prerequisites for communication in dental practice are respect for human dignity and empathy (7).

AIM

The aim of the present study is to systematize the factors influencing the communication between dental professionals and their patients.

MATERIALS AND METHODS

A research was carried out in the scientific databases PubMed, Scopus, ScienceDirect, and Web of Science to obtain the information needed. The keywords used were: *influencing factors*, *effective doctor-patient communication*, *child communication*, and *geriatric dentistry*.

RESULTS

The factors influencing the communication between the dentist and the patient are divided into three groups: factors from the patient's side, factors from the dentists and their team's side, and the factors pertaining to the working microclimate (working environment) in the dental practice (Table 1).

The age of the patient is one of the most important factors influencing communication in the dental practice.

◈ Peculiarities of communication with children in dental practice

Depending on their age, children communicate with dental professionals according to their capabilities. Children interact with their dentists with the support and presence of a parent. Dental professionals gain children's trust by talking to them. When the patient is a child, the communication in the dental practice regarding the treatment takes place between the dental specialist and the parent. In the traditional approach, the parents, together with the doctors, decide on the treatment needed for the child. The relationship model is tripartite: patient (child) – parent – dentist (Fig. 1).

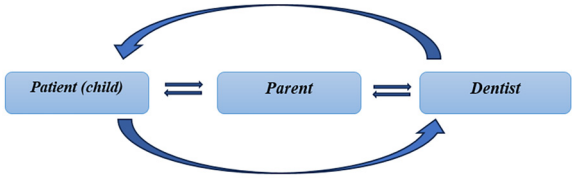


Fig. 1. Direction of the communication relationship between child, parent, and dentist.

Good communication with children involves active listening and speaking in a way that encourages children to listen. For good communication with children, there are several main points that dental professionals should pay attention to. When talking to children it is important for the dentists to encourage them to share their thoughts and feelings, to explain to the dentist which tooth hurts and tell the dentist whether they have ever been to another dentist. In response, the dental professional must be prepared to listen and respond appropriately in simple words. Children need empathy and active listening from the dental team, especially when they have negative experiences filled with feelings of fear. It is important for the dentist to focus on the child's body language and tone as well as the child's words themselves in order to understand what the child is really trying to say. Communication must take into account the age, individual development and specific differences of each child. A successful communica-

Table 1. Factors influencing the communication in the dental practice.

Patient factors	◈ Demographic characteristics of the patient (age and gender); ◈ Competence and health culture of the patient; ◈ Consciousness of the patient; ◈ Material interest of the patient—awareness of the cost of the dental procedures; ◈ Type of higher nervous activity of the patient—four main personality types: sanguine (confidently optimistic and sociable), choleric type (ambitious and has leadership qualities and temperament), melancholic (analytical and quiet), and phlegmatic (calm and peaceful). ◈ Is the patient emotionally affected? Does the patient have a fear of dental procedures? ◈ The influence of the dental treatment on the patient's personality and psyche. (For example, in dental practice, patients with early tooth loss, which has had an impact on their psyche and sense of self, are often observed. Patients experience concerns about impaired diction, difficulty eating, facial asymmetry, an outdated appearance of the face.) ◈ Personal oral hygiene and the patients' attitude towards their own dental health; ◈ The patient's trust in the professionalism of the dental team (8).
Factors on the part of the dentists and their team	◈ Personal characteristics of the dentist (8); ◈ Age characteristics of the dentist; ◈ Level of education and professional experience; ◈ Postgraduate studies and qualifications; ◈ Physical health of the dentist; ◈ Satisfaction and willingness to work for the dental specialist.
Factor pertaining to the working microclimate (working environment) in the dental practice	◈ Organization of the work process in the dental practice; ◈ Technical support of the dental clinic with modern diagnostic and treatment equipment—high-class dental units, autoclave, intraoral scanner, intraoral camera, apex locator, endomotor, implantology motor, photopolymer lamp, ultrasonic van, dental laser, devices for X-ray examinations in dentistry (CBCT, OPG, and sectional radiography), dental technology—CAD/CAM, etc.; ◈ Favorable microclimate of the working environment—a working environment aimed at preserving the health of the dental team; ◈ Good organization of the work schedule; ◈ Planning and implementation of the diagnostic and treatment process in the dental practice; ◈ Dental ergonomics—creating an ergonomic work style for the dental team, ergonomic planning and equipment of the dental office, working posture of the dental doctor, working posture of the team in the dental clinic and spaces of accessibility.

tion process is determined by how well the dentist is able to hold the child's attention when having a conversation and how developed are that child's resources for processing the relevant information (9).

Good communication with children strengthens their trust in the dentist and encourages them not to be afraid of the upcoming manipulations. It is important for the dental team to encourage the child to have positive feedback, resulting in the child feeling relaxed and talking calmly.

◈ **Specifics of the communication with patients of advanced age, old age, and elderly (≥90 years) people in the dental practice**

When dental practitioners interact with senior, senile, and elderly (≥90 years) patients , their physical and cognitive abilities must be taken into account. In addition to dental health problems, elderly people have various co-morbidities that have a negative effect on their quality of life. Dental care positively affects the ability of elderly people to eat normally, improves speech and diction; prosthetic structures restore chewing function. The elderly should be treated with patience, empathy and respect by the dentists and their team.

◈ **Specifics of the communication with patients with different awareness levels and health culture in the dental practice**

Patients with different awareness levels and health culture come to the dental office. The dentist must consider the patients' ability to understand the

information necessary to make a treatment decision and to reasonably assess the foreseeable consequences of a decision or non-decision (10). Well informed patients are responsible for their decisions. Health culture and management as a part of the patient's general culture and knowledge is a system of knowledge, values, habits, skills, and behavior to satisfy the need for protection, restoration and strengthening of personal and public health. Continuously improving the health culture of patients, through screening and preventive campaigns, is the basis of analyzing and overcoming the risk factors for dental health. The medical information that dentists deal with in their daily practice is often incomprehensible to patients and requires the use of accessible language in terms of defining the problem, the condition, the need for a particular treatment, and the outcome. Dentists must assess whether their explanations of a given oral disease will be understood by the patient. They must avoid any complex terminology and explain in a clearer and more comprehensible way, so that the patient will understand the information provided.

CONCLUSION

Good communication between the dental professional and the patient promotes better oral health (11). Dental practitioners need to have good communication skills. From the conducted research, we came to the conclusion that there are many factors that have an impact on the dental doctor-patient communication. Age and health culture and management are some of the leading factors that the dental specialist must consider when communicating with the patient.

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