SOME ASPECTS RELATED TO DENTIST-PEDIATRIC PATIENTS COMMUNICATION

SIMONA VERONICA ABRUDAN CACIORA [1], D. ABRUDAN CACIORA[2]

[1] University of Oradea, [2]"Aurel Lazar" High-school Oradea

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Abstract: *This paper addresses the problem of dentist – patient (especially pediatric patients) communication, examining issues of linguistic nature that may influence this type of interaction (the means whereby language is determined by membership to a certain social group or by the age and sex of participants in the communication process). Reference will be made to differences in the way of expressing ideas, the frequency of interventions during consultations; it will seek explanations for the fact that doctors and patients often encounter barriers in the communication process.*

Cuvinte cheie: *comunicare, anamneză,interviu, medic dentist, pacient*

Rezumat: *Această lucrare abordează problema comunicarii între medicul dentist şi pacienţi - în special pacienţii copii şi adolescenţi, analizând aspectele de natură lingivistică care determină acest tip de interacţiune (modul în care limbajul este influenţat de apartenenţa la un anumit grup social sau de vârsta şi sexul participanţilor la procesul de comunicare). De asemenea, se va face referire la diferenţele în modul de exprimare; frecvenţa cu care se ia cuvântul în timpul consultaţiilor; se va încerca găsirea unor explicaţii pentru faptul ca medicii şi pacienţii se confruntă adesea cu bariere în procesul de comunicare.*

INTRODUCTION

Dentist-patient communication is based on the exchange of information between the two "actors " involved in this process, information that have a crucial role in the successful prevention, treatment and curing of people suffering from different oral cavity affections. Physicians, when trying to establish a diagnosis, may chose from among various methods of collecting relevant information about the patient, of which we mention in particular the interview, as part of the anamnesis, based on a series of questions and answers. The practitioner's experience contributes to its success, as it facilitates the consolidation of appropriate interpersonal relationships.

The interview initiated with the view of establishing the diagnosis is not always completed successfully, consumers of health services often declaring themselves dissatisfied with this experience. From among the situations that may contributing to the failure of doctor-patient communication one can mention: dentists demonstrating insufficient attention or patience; not allowing sufficient time for patients to clarify all medical questions raised during the interview; the lack of availability on the part of the practitioner, the misunderstanding of language used by doctors; the adoption, by doctors, of an attitude indicating superiority. On the other hand, doctors may experience frustration when they feel the information provided to patients has not been taken into consideration, as the latter disregard medical indications; or if, on the occasion of a new appointment, the patient raises the same problems discussed during a previous meeting, the doctor feels that he/she was not understood [1]

Other possibilities of obtaining anamnestic data are: the simple questionnaire and the interview associated with the questionnaire. The questionnaire represents a list of simple questions, to which the patient is invited to answer in writing. The main advantage of this technique is that it is time-saving, may compensate for the practitioner's lack of experience and cover all areas of interest. But nevertheless it also presents some drawbacks, namely the fact that it is a mechanistic method, which ensures only limited opportunities for the development of interpersonal relationships; there is also the risk that some patients do not respond fully to questions, or the form does not include multiple answer possibilities. Therefore, as indicated above, associating the interview with the questionnaire may bring about better results in the efficient dentist-patient communication.

Besides the techniques referred to above, one should also mention observation, which has an important contribution to the final process of drawing conclusions and helps doctors decode the non-verbal messages transmitted by patients.

THE PURPOSE OF THE STUDY

The purpose of this article is to present, starting from the observations made in the time period March 2007 - December 2010, in the dental clinic of "Aurel Lazar" high school, Oradea, and also from the consultation of specialized literature, several issues relating to dentist - patient communication, with the view of developing students' capacity to respond, their objective and rational attitudes related to oral health and their confidence in dental health services provided at the dental clinic of their school. It will also refer to those aspects that contribute to success or, conversely, to the failure of dentist-patient communication.

MATERIAL AND METHOD

This study is based on the observation of a lot of 430 subjects, from the 530 students of "Aurel Lazar" High School, Oradea. These persons came to the dentist's office annually, for

[1] Corresponding Author: Simona Veronica Abrudan Caciora, University of Oradea, 40 A , Mihail Kogalniceanu street , Oradea, Bihor, Romania; e-mail: veronicaabrudan@yahoo.com; tel +40-07

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regular consultations, between March 2007 and December 2010.

RESULTS

Various researchers, of which we should mention Margaret Simmons [2] and KR Sethuraman, have identified a number of barriers that interfere in the dentist-patient communication. Among those the most important ones may be considered:

a. The adoption, by physicians, of inappropriate, or very specialized, linguistic structures

The use of a highly specialized language, without making sure that the medical terms were fully and properly understood by the patient, may be a factor contributing to the failure of dentist – patient communication. Especially in the case of pediatric patients, the ability to adapt language to their specific understanding is essential. As a result of the observations made on the occasion of the annual consultation of pupils at "Aurel Lazar" high-school, it can be concluded that young persons are rarely initiating dialogues, and generally neither ask for clarifications, nor demand additional information from the dentist. An exception is represented by some adolescent patients, particularly girls, who want to learn more about procedures such as teeth whitening or the application of dental jewelry. Therefore we believe that dentists should provide clear explanation, using words that students are able to understand; it is also useful to complete observation lists, presenting each student's oral health status, which will finally be given to head teachers, who in turn will inform pupils' parents.

Particular attention should be given to the quantity of information provided or required: too much data are hard to remember, especially by children and adolescents; on the other hand the lack or the insufficient amount of information can make the patient experience anxiety. Especially during the more complicated treatments, the correct information of patients, the explanation of each stage of the intervention, usually prove helpful in reducing patients' state of fear.

b. Improper structuring of the interview

Often doctors are those who initiate and conduct the interview, giving little time for patients to express uncertainties, fears, or raise questions themselves. During the interview, many doctors ask questions and expect concise and clear answers (sometimes interrupt their patients if they feel that they digress), or ignore some of the information provided by patients. Also, by means of the questions addressed, dentists might limit patients' possibility to express themselves.

In other cases, dentists ask only few questions and begin treatments based on brief observations and on the experience they have acquired in the field, situations that may confuse patients and increase their lack of confidence in doctors and treatments.

K.R. Sethuraman [3] believes that, in order to obtain more detailed information from patients, physicians might:

1. start with open-ended, general questions, asked in an open, friendly tone. These are meant to relax the atmosphere and usually refer to general issues such as the patient's lifestyle, needs and any problems he/she faces. Then you can move on to questions relevant to the case discussed. Of course, in emergency situations, it is not appropriate to adopt such a strategy.

2. ask simple, clear questions, raised one by one, and not several at once.

3. try to understand not only the thoughts, but also the feelings of patients (for example, instead of asking questions that suggest a specific response - "Do you agree that this intervention is inevitable?" – doctors may rather ask "How do you perceive the prospect of undergoing such an intervention, if it can not be avoided? ").

4. address patients using their name, thus demonstrating he/she is treated as a special case.

5. avoid the excessive use of closed questions.

6. wait until the patient responded fully to a question, before addressing the next one.

7. avoid rhetorical questions and, if possible, those concerning sensitive issues. If these are necessary, patients should be assured in advance that the information they provide is considered confidential; it is indicated, in such situations, to use indirect rather than direct questions.

8. establish, before meeting the patient, a plan of questions which he/she intends to address, at the same time anticipating the interlocutor's possible reactions.

To these we might add the importance of being attentive to patients' responses, in this case students; to respect the moments of silence and maintain eye contact with them. It is also crucial not to deviate from the theme of discussion; the opinions of each participant to the verbal interaction must be taken into consideration; the right of patients to refuse participation to discussions concerning their dental health should also be respected.

Starting from the ideas presented above, we may highlight some of the personal qualities of those who control the conversation during medical consultations:

- doctors should develop both their listening and active listening skills;
- doctors should reflect on the ideas presented by the patient and use both verbal and non-verbal means in order to ensure patients that their message was received and understood;
- doctors should allow a pause for thinking and clarification of ideas when patients seem to be confused; children or adolescents can be encouraged to use examples or illustrations in order to make themselves better understood;
- doctors should be very careful to understand the message clearly, which contributes to a correct reception of the main ideas;
- doctors should not forget to thank the patient for participation and close the meeting on a positive note [4]

c. Lack of consistency between verbal and nonverbal messages

In the book entitled "*The Doctor-Patient Dialogue*" [5] N. Enătescu draws attention upon the way patients' appearance (facial flushing, sweating, changing tone of voice) can help doctors establish a correct diagnosis; non-verbal cues may indicate a modification of the health status (pale aspect of face and / or lips may indicate a general malaise, dizziness or imminent fainting).

In younger patients, who have not acquired yet the skills to hide or control their true feelings, non-verbal messages are visible and very eloquent (many of them have preconceived ideas, perceiving any dental intervention as an act that causes pain and this is why they cannot control their tremor or feel a state of dizziness). In such situations, the explanation of processes to be performed, alongside information on the possibilities of anesthesia may prove of great help to anxious patients. Also, the attitude and calm demonstrated by the dentist may help young patients become more relaxed during treatments.

d. Lack of agreement between information provided by different physicians

Often patients distrust is caused by different information received from different doctors, who indicate contrasting diagnostics or lines of treatment; such a situation often results in patients' failure to comply with doctors'

indications and the failure of the suggested treatment.

e. *The doctor's inadequate attitude*

The physician should always strive to maintain a balance between detachment and involvement [6]. If, as mentioned before, the highly specialized language and an attitude of superiority adopted by the doctor may have negative consequences upon his/her relationship with patients, the adoption, by the dentist, of a very familiar language is equally inappropriate (even attempt to mimic the language used by patients, in an attempt to establish bridges of communication with them). An attitude that suggests too much openness may also give rise to misinterpretation. Great attention should be paid to non-verbal messages: appropriate eye contact and facial expressions; appropriate postures, positions and motion; appropriate rhythm, volume and tone of voice. All these aspects become of crucial importance when communicating with students - children and adolescents – who sometimes prove to be insufficiently mature to clearly understand doctors' attitudes. Such misunderstandings may lead to the decrease in their addressability or lack of seriousness in respecting treatment suggestions.

f. *The importance of adapting the language and behavior to patients' age*

Children between 3-5 years, who come for the first time at the dentist's office, should be approached with tact and comprehension, due to their inability to understand medical language. At the first meeting, they should be given the impression that it is not a consultation; with this view in mind, the dentist might even avoid wearing their smock, or ask children to sit on the dental chair; the first meeting is meant to help children get used with the space of the dental clinic and with the medical staff. At a second session, children will be seated in the dental chair, though no treatment should be initiated; treatment may be started on the occasion of the third meeting.

Very young school age children are not very receptive to the information provided by the dentist, as they can rarely overcome their fear and lack of habituation with dental treatments, which prevents them from voluntarily coming to see the doctor. It is advisable, if possible, that such young patients should be accompanied by an adult, who will wait in an adjoining room until the end of the treatment; it has been observed that children tend to become more agitated and less cooperative in the presence of parents.

Adolescent pupils demonstrate a greater level of understanding in relation to their dental health and therefore, when coming to medical consultations, they are more open to discuss problems related to dental treatments and ask questions for clarification; we could notice a difference in terms of addressability, as girls tend to be more co-operant and concerned about the aesthetics of the mouth, while boys tend come to see the dentist only in case of emergency, otherwise proving rather indifferent to aspects such as the presence of carious points, or tartar.

Also, people who have previously gone through negative experiences related to medical interventions, not necessarily dental treatments, tend to avoid the dentist, and therefore the doctor should make a greater communication effort in order to ensure their cooperation.

g. *Doctors' belonging to a certain socio-economic and cultural group. The socio-economic and cultural level of patients*

Doctors' belonging to a certain socio-economic and cultural group influences their mode of expression, the adoption of a particular language and of attitudes that reinforce the fact that they have acquired a certain position in society (usually regarded as a superior one).

Students taken into consideration for the purpose of this study come from different cultural backgrounds and therefore one of the doctor's communication objectives would be to become better understood, using simple words and explanations that are appropriate in relation to the age and the environment to which patients belong. Dentist should avoid the attempt to demonstrate their superiority or, alternatively, their willingness to come to a level very close to that of students; such attitudes may limit their authority.

Although some studies [7] have suggested that people belonging to different socio-economic and cultural backgrounds come to be consulted by the doctor when presenting different symptoms (for example, a problem such as that of bleeding gums is given little attention by those belonging to the less educated classes or coming from rural areas), or that membership to a particular ethnic or religious group can determine, by tradition, the tendency to deny or to ignore certain symptoms, the observations made at the dental office of "Aurel Lazar" high-school in Oradea indicate that patients from rural areas come more often to the dentist for treatment than those in urban areas, probably due to the limited availability of dentist offices in rural areas.

h. *The patients' inability to clearly present their state*

Some patients are not accustomed to using scientific terms to describe symptoms and their location. Lack of relevant information may result in inadequate understanding on the part of the doctor.

Especially with children patients it is important to decipher non-verbal manifestations, based on observation and the experience accumulated by doctors. The presence of an adult can sometimes lead to clarification of the symptoms that children indicate.

Adolescent students have not demonstrated difficulties in presenting their oral health problems, especially if they come to the dental office voluntarily.

CONCLUSIONS

Doctors who work with youth are encouraged to review and adapt their communication techniques and the conduct of consultations, so that they meet the needs of patients. Most of the information provided should be viewed through the prism of prevention. This type of education provides young persons concrete data concerning the importance of adopting a healthy lifestyle.

Doctor-patient communication is determined by factors such as patients' need to know, understand and accept the suggested treatment or the disease prevention methods (adequacy of language, so as it may be understood by the receiver); the need to find favorable conditions for transmitting the message; the adaptation of communication channels to the objective or nature of the message; the proper functioning of instruments used (telephone, voice, accent, writing); the need for privacy (patients can control the interview, deciding when, to whom and how much information they provide); confidentiality of information that a patient provides to the medical staff; disease characteristics; the cultural background of both doctors and patients (knowledge of cultural issues that influence the decoding of messages); and the personality of both patients and doctors; the report that consolidates in time, between doctor and patient (knowledge of elements that indicate social relations: the status of interlocutors, the type of relationship).

As shown in the previous sections of this paper, essential for the physician-patient communication are the precision and concision information on the disease and the possibility of healing, the respect for patients' rights and the

positive results of treatment.

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