

Evaluation of the Impact of Patient's Co-Operation on the Attitude of Orthodontists

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Abstract: *Efficient clinical management of patients definitely depends on both the competency of the treating Orthodontist and the cooperative ability of the patient. It was observed that the doctor patient relationship was affected when the patient was not compliant and cooperative with the orthodontist. The present study was an effort to evaluate the impact of patient's cooperation on the attitude of orthodontists. An email based survey comprising of a 13 item questionnaire was developed using the website www.surveyplanet.com. The questionnaire was mailed to about 1000 practicing orthodontists across the country. The first 100 responses obtained during the 1st week of study were included for analysis.*

I. Introduction:

Good quality orthodontic correction and efficient clinical management of patients require not only the ability of the orthodontists but also the patient's co-operation towards the treatment. Patient's co-operation in turn depends on their willingness to undergo the suggested treatment procedures. Making the patient aware of their malocclusion and convincing them thoroughly with regard to the need for and choice of treatment is the responsibility of the dentist. However, the treatment is expected to have successful outcomes only when the patient is cooperative and compliant with the instructions provided. Patient's co-operation in orthodontic treatment includes maintaining good oral hygiene, following doctor's instructions on food types, keeping up the appointment etc.. As patients become less co operative, the attitude of the orthodontist towards the patient and the treatment might also change, thereby affecting the doctor-patient relationship. The mental stress created by the non compliant patients can indirectly affect the health of the orthodontist as well and have an impact on his/her general health, stress levels and blood pressure.

This motivated us to conduct the present survey amongst the practicing orthodontists in our country to evaluate the existing scenario of doctor patient relationships, especially in the event of having an uncooperative patient.

II. Objectives:

The primary objective of the study was to evaluate the changes in attitude in the orthodontists when they encounter patients who fail to follow their instructions. The secondary objectives were as follows:

1. To help orthodontists realize as to how they treat their uncooperative patients.
2. To assess the impact of the patient's attitude towards treatment on the doctor's health.
3. To evaluate out if training / counseling was required for the orthodontists to assist them in the management of their un co-operative patients with a positive attitude

To devise patient management techniques that should be incorporated in the post graduate curriculum thereby enabling the practitioners to be prepared and capable of management of noncompliant patients.

III. Materials And Methods:

The study was planned to be conducted as an online survey using a questionnaire comprising of 13 questions related to the patient's co-operation and the resultant changes in attitude from the Orthodontists.. The questionnaire was framed with the assistance from the website, www.surveyplanet.com. This questionnaire was mailed to over than thousand practicing orthodontists in India, who were members of the Indian Orthodontic Society.. The list of names and their e-mail addresses were obtained from the directory of the Indian Orthodontic Society. The participants ranged from freshly graduated orthodontists to elderly pratitioners. Response was sought by email and the responses of hundred orthodontists (study sample = 100) who replied for the mail in the 1st week were used for the study. The questionnaire was designed in the above mentioned website in such a way that unless the first question was answered, the next question will not be available. Therefore, to complete the survey, the orthodontist had to answer all the questions in the questionnaire. At the end of the survey, an option for submitting the answers was given, which when selected automatically uploaded and saved the responses in the website account for further retrieval and analysis by the study investigators.

IV. Results:

The participants of this study (n=100) ranged in age and experience from recently graduated orthodontists to the elderly practitioners with many years of experience to their credit. In the event of repetitive neglect of instructions on diet and oral hygiene by the patient, after the start of fixed orthodontic therapy, 88% of the orthodontists selected both motivation and counseling to the patient and instructions to the parents regarding diet restrictions as their choice of approach towards patients. However, 8% of them replied that they would pick either motivation or counseling and 4% of them admitted that they would discontinue the treatment when patients repeatedly neglected instructions. A maximum of 61% of the orthodontists replaced and charged for the bracket when the patient repeatedly reported with debonded brackets while 28% of them did not charge for the bracket and only 12% of orthodontists recycled and rebonded the brackets. The orthodontists were also questioned to find out if they would review the patient even if the patient reported late for the appointment. Only 37% of them reviewed patients who were late for the appointment, whereas 58% of them rescheduled the appointment. It was interesting to note that 5% of them levied a fine for patients who defaulted repeatedly. Around 25% of orthodontists accepted that they would discontinue the treatment when the patient repeatedly neglected instructions for removable appliance therapy whereas it was encouraging to know that 85% of them chose to continuously motivate and counsel the patient.

When the practitioners were questioned as to whether they would blame the patient when they came back with relapse, 94% of them replied affirmatively (Yes = 94%; No=6%) Majority of them (90%) accepted that they were provoked to talk firmly to the patient when they neglected the instructions repeatedly. Around 80% of the orthodontists replied that they listened to the patients when they suggested an alternative treatment plan. Further, 57% of the orthodontists agreed to do oral prophylaxis each time the patient reported with poor oral hygiene. When the orthodontists were questioned as to whether they would debond the appliance if the patient insisted on getting it removed even if the treatment was not complete, 56% said yes and 44% said no. It was also noted that 11% of the orthodontists preferred to discontinue the treatment when the patient consulted another orthodontist and 29% of them intentionally delayed the treatment when the patient was not prompt in payment of fees. Nevertheless, it was encouraging to know that almost all the orthodontists (98%) explained to the patient that it will take time when they complained of not noticing any change in their dentition during the treatment period.

V. Discussion:

The present survey was conducted to assess the impact of patient's co-operation on the attitude of orthodontists. The survey reveals that a small percentage of orthodontists had a tendency to develop a negative attitude in the event of the patient repeatedly neglecting instructions. However, it was encouraging to note that most of the orthodontists continued to display a positive attitude towards the non compliant patients. The study results definitely highlight the need for training and counseling to the orthodontists to enable them to be more mentally prepared and capable of handling such circumstances and patients positively. It would also be extremely beneficial if modules on patient management techniques are incorporated in the post graduate curriculum in all dental colleges and universities. This would definitely be of use to the budding practitioners to develop a positive attitude, empathy and patience while managing non compliant patients in their practice.

VI. Conclusion:

From the above survey conducted, it can be concluded that the un cooperative behavior of the patient does affect the mindset of the orthodontist which in turn might have an influence of the doctor patient relationship Mental stress in the orthodontists during such trying circumstances in clinical practice can be decreased by counseling them and by training them right from the student days in effective patient management.