



Greek Private Dentists: Relationship with Patients and Professional Challenges



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Abstract

Objective: To evaluate the relationship between private dentists and patients and depict the major challenges this professional group face.

Materials-Methods: It was a cross-sectional study, with a sample of 281 private dentists from the region of Heraklion, Crete. The data was collected using an anonymous, self-administered questionnaire of Greek origin, previously tested in practice.

Results: The relationship between dentists and patients was examined. 55.1% of the respondents considered that their patients trust them and 61.4% that there is cooperation. Some of the dentist's major challenges, from the patient's side, were delays in scheduled appointments (56%), complaints about high dental care costs (48.9%) and unwillingness to follow the instructions (51.3%). Statistically significant variations were communication with the patients ($p=0.009$) and administrative procedures ($p=0.011$), depending on the gender ($p=0.011$), the age ($p=0.001$), the training level ($p=0.002$) and whether dentists were practicing in an urban or a rural area ($p=0.006$).

Conclusion: Dentists seemed to be satisfied with their relationship with their patients and their profession. They were concerned about appointments, dental costs and noncompliance with given instructions. Administrative procedures seemed to bother younger dentists. Further research is required to determine whether the general financial conditions in a country affects this particular professional group, what do patients believe about dentists with respect to age, gender and education of both groups.

Keywords: Dentist; Job satisfaction; Communication; Dental patient; Expectations

Introduction

Nowadays the increase in demand due to population ageing, the professional autonomy level, the good relationship among colleagues, the existence of free time and the satisfied remuneration, make dentistry an attractive profession [1-5]. Nevertheless, few studies have addressed the issue of everyday problems-difficulties dentists are called upon to face, which, as a result, have an impact on the level of satisfaction they draw from their profession [6] and are associated with the gender, the age and the interaction between dentists and patients [7]. For example, professional autonomy seems to satisfy more male dentists who are interested in owning a business [4]. In contrary women seem to draw satisfaction from their potential to develop

their professional skills [8-10]. Younger dentists seem to have little free time while they are concerned with the management of their dental practice [9,10]. Older professionals seem to be more satisfied by their occupation [10]. The area where dentists are practicing, urban or rural, affects the level of satisfaction they get from their profession. Dentists working in non-urban areas are concerned about the lack of recognition by their social environment, while they are contented with the fact that they have more free time. Dentists in urban centers are more satisfied with their relationships with their colleagues [1,10].

Thus, it is obvious that the professional satisfaction of dentists depends on a wide variety of factors that needs to be examined

[11]. The objective of the present study was to evaluate the relationship between dentists and patients and detect the major problems this particular professional group is concerned with.

Materials & Methods

This was a cross sectional observational study. The sample included 298 private dentists from the municipality of Heraklion, Crete. From them 281 participated at the end. The tool used for the collection of data was the "Dentist's Questionnaire" by Demetriadis et al. [12]. Permission to use the particular questionnaire has been granted by its creators. The questionnaire includes four sections (40 statements) which dentists were asked to agree or disagree on and, also, select the most common difficulties they encounter and how often. The statements appear in the form of a 4-point Likert scale with values ranging from 0 to 4 (0: Undecided, 1: Strongly disagree, 2: Disagree, 3: Agree, 4: Strongly agree). The researcher visited the dental practices to distribute the questionnaire and inform the dentists about the research. The questionnaires were accompanied by a note informing the prospective participants on the topic of the research and assuring them of the anonymity of the answers. In addition, written informed consent was received. The collection of the questionnaires was performed by the researcher after 10 days from the day the questionnaires were distributed. Permission to perform the research was provided by the Bioethics Committee of the University of Crete (Protocol No: 15/25-5-2015).

Statistical Methods

The analysis was performed using the statistical software IBM SPSS Statistics 24.0. The questions-variables related to the demographic and professional characteristics of the participants were expressed as frequencies, percentages. The age, any previous work experience and the working hours were expressed using the mean value and standard deviation. The responses were categorized in the form of quality ordinal variables. The questions were also expressed in frequencies and percentages, and coded 2-valued scales (Disagree and Agree). Pearson χ^2 test was used to describe the effect of discrete variables.

Results

The questionnaires were completed by 281 dentists practicing in the prefecture of Heraklion, Crete. 57.3% of the sample were men and 86.1% worked in an urban area. The participants' mean age was 47.2 ± 9.5 years and as regards age distribution the most common group was 36-45 years (33.5%). 98.2% of the respondents owned a dental practice while 1.5% did not work independently. 36.7% had previous working experience 10-20 years and the average work experience was 18.5 ± 9.6 years. The dentists providing answers more frequently belonged in the groups working 40-49 (37.7%) and 30-39 (32.4%) hours per week. The average time of working hours was found to be 36.0 ± 11.3 . As regards dentists' training, 18.1% had a master's degree,

2.8% a PhD and 10.3% had obtained a dental subspecialty. The most common dental specialties were periodontology (25.9%), prosthetics (22.4%) and orthodontics (15.3%).

Responses to the statements in the questionnaire per question group

Dentists' attitudes-behaviors towards their patients

Among the dentists who took part in the research, 58.6% agreed that they should explain to their patients in detail what kind of treatment they are going to receive, 68.2% how dental problems could be prevented and 48.9% that they should answer their patients' questions. 45.2% believed that patients should not be pushed to follow their instructions, 71.7% that patients should seek a second opinion and 59.8% stated that patients must pay their dentist even if they are not satisfied. 50% believed that dentists should not ask questions about their patients' personal life and 68.8% stated that they should show some concern about their patients' financial problems.

Patients' attitudes-behaviors towards dentists

Almost all the questions in this group had a maximum frequency in the choice "Agree" at percentages ranging from 49.3%-64.2%. The only exception was the question about whether patients should comment on the dentist's work during treatment on which 38.4% disagreed. Furthermore, 45.8% disagreed on the statement according to which patients should inform the dentist when they are not satisfied with the treatment.

Difficulties dentists encounter as regards their patients

Dentists' views on their relationship with patients varied. More specifically, 55.1% of the respondents considered that their patients trust them and 61.4% that there was cooperation between dentists and patients. 48.0% didn't feel that their patients question the treatment plan suggested, 47.7% felt that patients appreciate the dentist's work and 48.9% of the dentists didn't believe that an inaccurate medical history hinders everyday clinical practice. Finally, 51.3% agreed that failure to follow the instructions is a common problem along with complaints about dental care costs (48.9%), the delay or cancellation of appointments (43.2%) and the inability to meet financial obligations (39.3%).

General difficulties-everyday professional issues

Concerning the difficulties dentists encountered in their working place in relation to the management of the dental practice and their personal, family and professional status, 8.5% did not provide any answers. 52.9% of the respondents stated that they rarely feel low acceptance by their social background and 45.5% loneliness-alienation. 36.5% often dealt with financial difficulties, 43.7% felt exhaustion at the end of the day and 47.0% felt that they have little free time.

Difficulties dentists encounter in everyday dental practice with respect to gender, training level, work area and working hours

Differentiation as regards the gender was noted in the statement according to which patients should not pay the dentist when they are not satisfied with the treatment, on which male dentists agreed at a higher percentage (19.4%) than female dentists (8.1% p=0.011). In addition, 69.4% of men agreed that one of the most common difficulties dentists encounter is patients' unwillingness to comply with the instructions or advice provided while the percentage for women reached 54.6% (p=0.012). The age seemed to cause statistical differences for quite a few of the statements of the questionnaire appearing in

the form of agreement or disagreement. The older the dentists get, the more they seem to agree that patients should not seek a second opinion about the suggested treatment. The percentage of agreement at the age of 56 and above reaches 16.1% (p=0.016). For the statement according to which patients should inform the dentist when they are dissatisfied with the treatment, the lowest percentage of agreement appeared in the age group 36-45 years (13.1%, p=0.001). Younger professionals, <35 years, seemed to agree that patients often complain about their previous dentists (90.9%, p=0.009), comment on the dental work during treatment (65.6%, p=0.021), express their discontent when dissatisfied with the treatment (96.9%, p=0.021) and choose a dentist based on financial criteria (p<0.001) (Table 1).

Table 1: Differentiation in the percentages of agreement/disagreement on statements Q12 per age group.

N		Age group									p
		Total	<=35		36-45		46-55		56+		
			n	%	n	%	n	%	n	%	
Q12_1	Disagree	31	1	3.0	9	9.8	10	10.9	11	17.7	0.164
	Agree	248	32	97.0	83	90.2	82	89.1	51	82.3	
Q12_2	Disagree	64	3	9.1	19	20.4	19	20.9	23	37.7	0.009
	Agree	214	30	90.9	74	79.6	72	79.1	38	62.3	
Q12_3	Disagree	142	11	34.4	43	47.3	47	51.6	41	66.1	0.021
	Agree	134	21	65.6	48	52.7	44	48.4	21	33.9	
Q12_4	Disagree	188	22	71.0	73	86.9	56	62.2	37	62.7	0.001
	Agree	76	9	29.0	11	13.1	34	37.8	22	37.3	
Q12_5	Disagree	91	14	42.4	30	31.9	33	35.9	14	23.0	0.212
	Agree	189	19	57.6	64	68.1	59	64.1	47	77.0	
Q12_6	Disagree	24	2	6.1	10	10.6	9	9.9	3	4.8	0.556
	Agree	256	31	93.9	84	89.4	82	90.1	59	95.2	
Q12_7	Disagree	50	1	3.1	12	13.6	17	19.3	20	38.5	<0.001
	Agree	210	31	96.9	76	86.4	71	80.7	32	61.5	
Q12_8	Disagree	91	9	29.0	36	43.9	26	31.3	20	37.0	0.301
	Agree	159	22	71.0	46	56.1	57	68.7	34	63.0	

Table abbreviations: Q12-1: do patients usually visit you in case of an emergency? Q12-2: do your patients complain about previous doctors? Q12-3: do your patients comment on your work during treatment? Q12-4: do your patients inform you when they are dissatisfied with the treatment? Q12-5: do your patients take responsibility for the condition of their oral health? Q12-6: do your patients ask details about the suggested treatment? Q12-7: do your patients choose a dentist based on the treatment cost? Q12-8: do your patients choose a dentist based on the quality of the dental equipment?

Professionals under 35 years agreed that delays or cancellations of appointments (without prior notice) (63.6%, p=0.026) and complaints about the dental care cost (72.7%, p=0.047) are some of the most common difficulties they deal with in relation to their patients. In almost all statements, no tendency of reduction or increase along the age was noted with the exception of the inaccurate dental and medical history where the highest percentage of agreement was in the age group <=35 (40.6%, p=0.040). The most severe differences were noted for

groups 36-45 or 46-55 years. More specifically, the age group 46-55 believed that very often there is a lack of trust (8.9%, p=0.042), non-appreciation of their work (18.6%, p=0.002), inability to manage their financial arrangements with patients (57.6%, p=0.021) and failure to organize and manage their business and their dental practice (29.3%, p=0.011) (Table 2). Dentists with postgraduate studies believed that they should not put pressure on patients to follow their instructions (48.6%, p<0.010). The same applies for the statement according to which patients usually

visit a dentist in case of an emergency ($p=0.002$). They were also facing problems such as delay or cancellation of appointments by the patients (without prior notice) ($56.4\%,p=0.035$), inability to meet financial obligations ($59.3\%,p=0.005$), noncompliance with their instructions or advice ($63.1\%,p=0.003$), doubts about

the treatment plan ($93.4\%,p=0.046$), inaccurate dental and medical history ($23.2\%,p=0.021$), failure to manage their financial arrangements with their patients ($45.2\%,p=0.017$), economic distress in general ($45.5\%,p=0.001$) and, finally, inability to attend continuing education programmes ($48.2\% p=0.010$) (Table 3).

Table 2: Differentiation in the percentages of agreement/disagreement on statements Q13 per age group.

N		Age group									p
		Total	<= 35		36 - 45		46 - 55		56+		
		n	%	N	%	n	%	n	%		
Q13_1	Disagree	122	12	36.4	40	42.6	33	36.3	37	59.7	0.026
	Agree	158	21	63.6	54	57.4	58	63.7	25	40.3	
Q13_2	Disagree	116	9	27.3	43	46.2	32	34.8	32	51.6	0.047
	Agree	164	24	72.7	50	53.8	60	65.2	30	48.4	
Q13_3	Disagree	114	16	48.5	42	45.2	28	30.4	28	45.2	0.106
	Agree	166	17	51.5	51	54.8	64	69.6	34	54.8	
Q13_4	Disagree	103	10	30.3	41	43.6	27	30.0	25	40.3	0.204
	Agree	176	23	69.7	53	56.4	63	70.0	37	59.7	
Q13_5	Disagree	214	24	72.7	73	78.5	68	73.9	49	79.0	0.795
	Agree	66	9	27.3	20	21.5	24	26.1	13	21.0	
Q13_6	Disagree	255	32	97.0	84	92.3	80	89.9	59	98.3	0.171
	Agree	18	1	3.0	7	7.7	9	10.1	1	1.7	
Q13_7	Disagree	145	15	45.5	51	54.3	46	50.5	33	53.2	0.833
	Agree	135	18	54.5	43	45.7	45	49.5	29	46.8	
Q13_8	Disagree	255	31	100.0	85	95.5	82	91.1	57	100.0	0.042
	Agree	12	0	0.0	4	4.5	8	8.9	0	0.0	
Q13_9	Disagree	209	19	59.4	66	74.2	73	81.1	51	83.6	0.04
	Agree	63	13	40.6	23	25.8	17	18.9	10	16.4	
Q13_10	Disagree	231	29	96.7	73	85.9	70	81.4	59	100.0	0.002
	Agree	29	1	3.3	12	14.1	16	18.6	0	0.0	

Table abbreviations: Q13-1: delay or cancellation of appointments (without prior notice), Q13-2: complaints about dental care cost, Q13-3: inability to meet financial obligations, Q13-4: non-compliance with your instructions or your advice, Q13-5: lack of cooperation during treatment, Q13-6: doubts about the treatment plan, Q13-7: excessive fear (fearful patient), Q13-8: lack of trust, Q13-9: inaccurate dental and medical history, Q13-10: lack of appreciation for your work, Q13-11: other (define).

Table 3: Differentiation in the percentages of agreement/disagreement on statements Q13 with respect to education (PhD/Master/Specialty).

N		Master/PhD/Specialty					p
		Total	No		Yes		
		n	%	n	%		
Q13_1	Disagree	122	83	39.9	122	43.6	0.035
	Agree	158	125	60.1	158	56.4	
Q13_2	Disagree	116	82	39.2	116	41.4	0.201
	Agree	164	127	60.8	164	58.6	
Q13_3	Disagree	114	75	35.9	114	40.7	0.005
	Agree	166	134	64.1	166	59.3	

Q13_4	Disagree	103	66	31.9	103	36.9	0.003
	Agree	176	141	68.1	176	63.1	
Q13_5	Disagree	214	155	74.5	214	76.4	0.201
	Agree	66	53	25.5	66	23.6	
Q13_6	Disagree	255	187	91.7	255	93.4	0.046
	Agree	18	17	8.3	18	6.6	
Q13_7	Disagree	145	108	51.9	145	51.8	0.938
	Agree	135	100	48.1	135	48.2	
Q13_8	Disagree	255	190	95.5	255	95.5	0.970
	Agree	12	9	4.5	12	4.5	
Q13_9	Disagree	209	149	73.4	209	76.8	0.021
	Agree	63	54	26.6	63	23.2	
Q13_10	Disagree	231	171	89.1	231	88.8	0.852
	Agree	29	21	10.9	29	11.2	

Table abbreviations: Q13-1: delay or cancellation of appointments (without prior notice), Q13-2: complaints about dental care cost, Q13-3: inability to meet financial obligations, Q13-4: non-compliance with your instructions or your advice, Q13-5: lack of cooperation during treatment, Q13-6: doubts about the treatment plan, Q13-7: excessive fear (fearful patient), Q13-8: lack of trust, Q13-9: inaccurate dental and medical history, Q13-10: lack of appreciation for your work, Q13-11: other (define).

None of the statements in the first two parts of the questionnaire was affected by the working area of the respondents. On the contrary, statistically significant differences on agreement percentages appeared in the third and fourth part of the questionnaire. More specifically, as regards the lack of cooperation and the doubts about the treatment plan, dentists in rural areas agree by 46.2% and 20.5% respectively while those practicing in urban areas agree by 19.9% and 4.3%, which is a statistically significant result ($p < 0.001$). Accordingly, non-appreciation of work seems to affect more dentists in rural areas than those working in urban areas (24.3%-9.0%, $p = 0.006$) (Table 4). As regards working

hours, the agreement on the statement according to which dentists should fix patients' teeth rather than explain how dental problems can be prevented, seemed to be statistically different with respect to working hours ($p = 0.044$). The largest percentage (8.3%) appeared for those working more than 50 hours. The same group of dentists agreed on the statement that patients may not pay if they are dissatisfied with the dental work at a percentage of 32.4% ($p = 0.015$). They also feel fatigue and exhaustion at the end of the day ($p < 0.001$), with lack of time for non-professional activities ($p = 0.001$) (Table 5).

Table 4: Differentiation in the percentages of agreement/disagreement on statements Q13 with respect to the area the dental practice is situated.

N		Area				p	
		Total	Urban		Rural		
			n	%	n		%
Q13_1	Disagree	122	108	44.6	14	36.8	0.368
	Agree	158	134	55.4	24	63.2	
Q13_2	Disagree	116	101	41.9	15	38.5	0.685
	Agree	164	140	58.1	24	61.5	
Q13_3	Disagree	114	98	40.7	16	41.0	0.966
	Agree	166	143	59.3	23	59.0	
Q13_4	Disagree	103	93	38.8	10	25.6	0.116
	Agree	176	147	61.3	29	74.4	
Q13_5	Disagree	214	193	80.1	21	53.8	<0.001
	Agree	66	48	19.9	18	46.2	
Q13_6	Disagree	255	224	95.7	31	79.5	<0.001

	Agree	18	10	4.3	8	20.5	
Q13_7	Disagree	145	125	51.9	20	51.3	0.946
	Agree	135	116	48.1	19	48.7	
Q13_8	Disagree	255	220	95.7	35	94.6	0.773
	Agree	12	10	4.3	2	5.4	
Q13_9	Disagree	209	185	78.7	24	64.9	0.063
	Agree	63	50	21.3	13	35.1	
Q13_10	Disagree	231	203	91.0	28	75.7	0.006
	Agree	29	20	9.0	9	24.3	

Table abbreviations: Q13-1: delay or cancellation of appointments (without prior notice), Q13-2: complaints about dental care cost, Q13-3: inability to meet financial obligations, Q13-4: non-compliance with your instructions or your advice, Q13-5: lack of cooperation during treatment, Q13-6: doubts about the treatment plan, Q13-7: excessive fear (fearful patient), Q13-8: lack of trust, Q13-9: inaccurate dental and medical history, Q13-10: lack of appreciation for your work, Q13-11: other (define).

Table 5: Differentiation in the percentages of agreement/disagreement on statements Q 14 with respect to working hours.

Working hours											
N		Total	<30		30 - 39		40 - 49		50+		p
			n	%	n	%	n	%	n	%	
Q14_1	Disagree	153	27	56.3	53	58.2	50	48.1	23	63.9	0.311
	Agree	126	21	43.8	38	41.8	54	51.9	13	36.1	
Q14_2	Disagree	222	38	80.9	73	81.1	82	78.8	29	82.9	0.955
	Agree	54	9	19.1	17	18.9	22	21.2	6	17.1	
Q14_3	Disagree	151	26	54.2	45	50.0	60	57.7	20	57.1	0.738
	Agree	126	22	45.8	45	50.0	44	42.3	15	42.9	
Q14_4	Disagree	237	40	93.0	78	91.8	90	89.1	29	85.3	0.644
	Agree	26	3	7.0	7	8.2	11	10.9	5	14.7	
Q14_5	Disagree	93	24	50.0	37	41.1	27	25.7	5	13.9	0.001
	Agree	186	24	50.0	53	58.9	78	74.3	31	86.1	
Q14_6	Disagree	80	25	52.1	31	34.4	20	19.0	4	11.1	<0.001
	Agree	199	23	47.9	59	65.6	85	81.0	32	88.9	
Q14_7	Disagree	143	27	56.3	43	48.3	56	53.8	17	48.6	0.769
	Agree	133	21	43.8	46	51.7	48	46.2	18	51.4	
Q14_8	Disagree	79	15	31.9	23	25.6	28	26.7	13	36.1	0.604
	Agree	199	32	68.1	67	74.4	77	73.3	23	63.9	
Q14_9	Disagree	233	41	93.2	75	90.4	86	87.8	31	96.9	0.427
	Agree	24	3	6.8	8	9.6	12	12.2	1	3.1	
Q14_10	Disagree	213	37	82.2	70	83.3	82	79.6	24	70.6	0.454
	Agree	53	8	17.8	14	16.7	21	20.4	10	29.4	

Table abbreviations: Q14-1: failure to manage financial arrangements with patients, Q14-2: failure to organize and manage the dental practice as a business, Q14-3: financial distress in general, Q14-4: difficulty with respect to the lab, Q14-5: fatigue-exhaustion at the end of the day, Q14-6: lack of time for non-professional activities, Q14-7: failure to attend continuing education programs, Q14-8: low income in correlation with the time spent and the quality of your work, Q14-9: low acceptance by the social environment, Q14-10: loneliness, isolation, Q14-11: other(define).

Discussion

In the present study, an attempt was made to detect the most important problems dentists encounter in their profession.

Relationship between dentists and patients-overall dentists' satisfaction

Overall, dentists seemed to be satisfied with their relationship with their patients and their profession. As owners of private

dental practices, they enjoyed autonomy while administrative and financial responsibilities did not seem to burden them. In addition, there is trust and good cooperation with their colleagues. Various studies are in agreement with the above while they state that administrative responsibilities seemed to be a burden [3,7,9].

Dentists challenges regarding financial issues-working hours

Dentists agreed that their annual income is low, in relation to the working hours and the quality of care they offer. As regards long working hours, those were excessive and resulted in physical fatigue - exhaustion at the end of the day and lack of time for non-professional activities. Various studies agree with the above [3,7,13].

Long working hours and consequences

Dentists who were working more than 50 hours per week, were likely to prefer to spend time exclusively on the clinical part of their work, rather than prevention. They also stated that patients should pay even if they were not satisfied. Long working hours usually aim at the economic growth of a dental practice. It results in emotional and physical fatigue while professionals adopt more mechanical roles, depriving their patients and themselves of the qualities of interaction and satisfaction [13].

Relationship between dentists and their patients

The majority of dentists agreed that they should answer their patients' questions and explain what the treatment plan involves, without forcing them to follow it. They also acknowledged patients' right to seek a second opinion. The patient feels more secure the dentist is earning recognition, probably indirect publicity, and satisfaction from the interaction with the patient [5,14]. It is suggested that patients retain only little of the information provided by the dentist during the dental work [15].

Patients' satisfaction from dental care

Patients often express complaints about previous dentists but rarely inform a dentist when they are dissatisfied with the treatment. It is likely that the effects of a non-suitable treatment appear at a later time, urging patients to change dentists. In other studies patients avoid expressing their complaints in writing, which depends on patient's personality [16,17].

General difficulties-everyday professional issues

As regards the acceptance by the society, dentists felt accepted mostly in non-urban areas. In rural areas, dentists were concerned about lack of collaboration, doubts about the treatment plan and non-appreciation of their work. In various studies, dentists working in non-urban areas seem to cooperate better with the personnel and have more free time [1,5].

Dentists' differentiations due to gender

No differentiations were observed either in terms of professional autonomy (individual professionals), working hours,

revenues or location. In other studies, autonomy seems to concern more men than women while men draw more satisfaction from their work [3,7,9,18,19]. A differentiation was observed with respect to two issues. First, male dentists stated that they were unable to convince their patients to follow a certain treatment. Perhaps, women are more conciliatory having great persuasion power, thus being effective. Second, men agreed that patients may not pay if they are not satisfied with the treatment. Women are often stricter with the finances of their work, probably because they do not want to go over budget. In a study conducted by the American Association of Dentists, the findings were common [17].

Dentists' differentiations due to age (>55 years old)

Older dentists were satisfied when dealing with their patients or the management of their dental practice. Probably if they had been dissatisfied, they would have changed profession. Furthermore, they did not seem to be bothered by a possible lack of medical-dental history. They have acquired great experience over the years, while in Greece there isn't an electronic medical-dental patient portfolio. They also believed that they should press patients to follow their instructions probably thinking they will have better chances of convincing them [20]. They stated that patients should not seek a second opinion about the suggested treatment, probably because they feel that their professional prestige is insulted [1,2,5,3].

Dentists' differentiations due to age (45-55years old)

Middle-aged professionals stated that the most common problems were lack of trust from patients, non-appreciation of their work and failure to fulfill the financial-administrative requirements of their dental practice. We get the same findings in other studies too [5,21].

Dentists' differentiations due to age (<35)

Younger dentists didn't seem to be concerned with financial issues. A possible explanation is that they have the benefit of a business loan, or their financial situation is not strictly related to the income from the dental profession. They agreed that patients express complaints about previous dentists, comment on the dental work performed, inform if they are discontented and admit that choosing a dentist is often based on the treatment cost. Probably younger dentists are more willing to spend time talking with their patients, creating a climate of trust and trying to increase-maintain the clientele of the dental practice. Some studies agree with the above while others comment that younger dentists are more concerned with financial and administrative responsibilities [3,7,22-25,26].

Dentists' everyday problems correlated with training level

The dentists who hold a master's degree stated that the most frequent difficulties they encounter in their everyday practice is the delay or cancellation of appointments (without prior notice)

and the expression of doubts about the treatment plan or even refusal to follow it. Probably cancellation of appointments is due to the economic recession who forced people turned to public dental care as they could not afford visiting private dental units. Moreover, they believe that they should not press their patients to follow their instructions. Issues such as inaccurate dental and medical history, financial-management issues and, finally, inability to receive continuing education also affect them negatively. This is in accordance with another Greek study [25].

Conclusion

As shown in the present study, dentists in Crete are generally contented with their profession and their relationship with their patients. Also, it is a common belief that they should inform patients about precaution measures. What concerns them most is the issue of long working hours in correlation with low revenues. The administrative responsibilities of the dental practice are a serious concern for younger professionals. Furthermore, both young dentists and dentists holding a master's degree are concerned with the lack of dental records. A workplace offering autonomy, competitive revenues, flexible working hours and minimum administrative burden, can increase the level of satisfaction drawn from work. Further research is required to determine whether the general financial conditions in a country affects this particular professional group, what does patients believe about dentists with respect to age, gender and education of both groups.

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