ORIGINAL ARTICLE

TRUST IN THE DENTIST AND INTENTION TO RETURN: A CROSS-SECTIONAL STUDY

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Highlights: (1). Affection and cognition with the dentist significantly increased patient trust. (2) Life satisfaction was positively associated with intention to return for dental care. (3) Subjective aspects of care should be integrated into dental education.

PRE-PROOF
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ABSTRACT

Objectives: This study aimed to analyze patients' confidence and intention to return to the dentist who last performed dental care, and to verify associated factors. *Methods:* From a cross-sectional study, the sample consisted of 378 patients aged 15 years or older who underwent

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dental treatment in different locations in a city in southern Brazil. A self-administered questionnaire regarding affection and cognition with the dentist, confidence, and intention to return to dental service, life satisfaction, and sociodemographic questions formed of the data collection instrument. *Results:* Data were analyzed using a binary logistic regression model. Patients who had affection and cognition with their dentist (PR=2.01; 95%CI 1.73-2.32) and were satisfied with their lives were more likely to trust their dentist and return for dental care (PR=1.11; 95%CI 1.05-1.23). The positive aspects of cognition and affect for the dentist as well as life satisfaction influence the confidence in, and intention to return to the professional who performed the last dental procedure. *Conclusions:* The subjectivities of dental care and treatment, as well as professional behavior, are approaches that must be incorporated during dental training.

Keywords: Trust, Affect, Cognition, Dentist-Patient Relations, Dental Offices.

CONFIANÇA NO DENTISTA E INTENÇÃO DE VOLTAR: UM ESTUDO TRANSVERSAL

RESUMO

Objetivos: Este estudo teve como objetivo analisar a confiança e a intenção dos pacientes em retornar ao dentista que realizou o último atendimento odontológico e verificar os fatores associados. *Métodos:* A partir deste estudo transversal, a amostra foi composta por 378 pacientes com idade igual ou superior a 15 anos, que realizaram tratamento odontológico em diferentes localidades de uma cidade da região sul do Brasil. Um questionário autoaplicável sobre afeto e cognição com o dentista, confiança e intenção de retornar ao serviço odontológico, satisfação com a vida e questões sociodemográficas formaram o instrumento de coleta de dados. *Resultados:* Os dados foram analisados por meio de um modelo de regressão logística binária. Pacientes que tinham afeto e cognição com seu dentista (RP=2,01; IC95% 1,73-2,32) e estavam satisfeitos com sua vida tiveram maior probabilidade de confiar em seu dentista e retornar ao atendimento odontológico (RP=1,11; IC95% 1,05-1,23). Os aspectos positivos de cognição e

afeto para o dentista, bem como a satisfação com a vida influenciam a confiança e a intenção de retornar ao profissional que realizou o último procedimento odontológico. *Conclusões:* As subjetividades do atendimento e tratamento odontológico, bem como o comportamento profissional, são abordagens que devem ser incorporadas durante a formação odontológica.

Palavras-chave: Confiança, Afeto, Cognição, Relações Dentista-Paciente, Consultórios Odontológicos.

INTRODUCTION

Under the current scenario of healthcare changes and innovations, it is essential to understand the aspirations and perceptions of patients seeking dental care to achieve comprehensive care and treatment success.[1] One of the main goals to be achieved by healthcare providers is to gain patient trust.[2] Therefore, positive outcomes such as pain relief and improved quality of life are not only about procedural technical science, but also relate to an assertive approach involving biological, psychological, and social aspects.[3]

It is believed that user responses are recognized as indicators of the quality of health services.[4] Trust in the professional is one of the fundamental attributes and is highly valued by both professionals and patients, leading to more positive results.[5,6] However, lack of confidence can be a barrier to seeking care and continuing treatment to its conclusion;[7] this may be associated with absenteeism from dental appointments in Brazil,[8] A survey conducted in the United States focused on the perception of reliability considering the attributes of honesty and ethics, indicating that 60% of respondents consider dentists to be standard, placing them below other professionals including nurses, pharmacists, and physicians.[9] Despite the importance of trust in the doctor-patient relationship, information focused on the perception of dentists' trustworthiness is scarce.[7]

A good relationship with a professional increase's patient satisfaction. Showing interest in the user, welcoming him/her, and committing to his/her conditions and needs, consolidates a bonding relationship; these are known as affective and cognitive exchanges;[1,10] that is, the

ideal scenario in which an affective bridge and quality cognitive interaction (good communication) is created. [6,11,12]

However, trust is different from satisfaction; patient satisfaction is a broader and more complex issue and encompasses numerous aspects. [13,14] The behavioral virtues applied to others can reward one's well-being and vice versa; that is, patient's satisfaction with their own lives can point to different ways of interpreting dental care.[3,15] In addition, aspects such as education, income, gender, and marital status can influence outcomes.[16,17] This may suggest that satisfied individuals are more confident with the professionals and intend to return.

Understanding the importance of the quality of the relationship established between users and professionals for dental health care actions, the following hypotheses were tested: a) affect and cognition with a dentist positively influence trust and intention to return to the profession; b) life satisfaction positively influences confidence and intention to return to a professional; and c) patients who are treated in basic health units have less confidence and intention to return to the professional when compared to the other care centers analyzed in this research.

This study aimed to analyze patient confidence and intention to return to the professional who performed the last dental procedure and to observe the factors of affect and cognition, life satisfaction, and social demographic/socioeconomic profile.

METHODS

After approval of the study by the Research Ethics Committee (number 1.327.040, CAAE 50601915.9.0000.53190), all individuals consented to participate in the study by signing the Informed Consent Form, by Resolution 466/12.

Study design and sample

This quantitative study had a cross-sectional observational design. The non-probability convenience sampling was composed of 378 individuals, aged 15 years or older, who underwent dental treatment from July to October 2020 at a service public Basic Health Unit (BHU) attended for School of Dentistry; and a private clinic, both in the city of the Passo Fundo,

Brazil. The two dental practices were chosen due to their proximity and similar patient characteristics.

During the data collection period, we allocated 208 participants to the Basic Health Unit (BHU) clinic and 170 participants to the private clinic. We made the allocation based on the availability and accessibility of participants to these dental treatment facilities during the specified data collection period of four months. Our sample calculation was based on the number of individuals seen during these four months, with a 5% error margin, 95% reliability, and an estimated prevalence of 50%. At the BHU clinic, we see an average of 300 new patients every four months. We considered a 10% loss margin and arrived at a sample size of 208 participants. At the private clinic, we see approximately 200 new patients every four months, and we also considered a 10% loss margin. The resulting sample size was 170 participants, which included two additional patients to reach the desired sample size of 170. Therefore, our final sample size was 378 individuals.

Data collection and measurement instruments

The data collection instrument of this research was administered using a printed questionnaire administered to the patients in the waiting room of the BHU and the private clinic.

The questionnaire contained three pages and took 10-20 minutes to complete. Participants were asked to fill out the survey anonymously and individually. Once completed, the experimenters checked the questionnaire for incomplete answers and asked the participants to answer them. The questionnaire was constructed using questions adapted from previously validated scales. The affect and cognition scales were adapted from Thom [8] and consist of 14 items. They included: the dentist comforts and reassures me and makes me feel cared for? The trusted scale adapted from Danaher et al.[18] and the intention to return scale adapted from Balkrishnan et al.,[19] are composed of seven items; among these questions are, for example, Would I return to this dentist if I had health problems similar to the one that led me to seek treatment? The life satisfaction scale was constructed by Diener et al.[20] and is composed of five items, including the question: Am I satisfied with my life? All scales were measured using a 7-point Likert scale (the scale has response options from 1 to 7, with the number 1 meaning the

worst level–I strongly disagree–and the number 7 the best level–I strongly agree). To verify individuals' characteristics, questions were asked regarding their sociodemographic profile: age, gender, marital status, education, family income, and place of care.

Study Variables

The outcome variable was "the patient's confidence in and intention to return" to the dentist who treated him during the last dental procedure. After the sum of the scores of the two scales, according to results frequency, a cutoff point was set (around 50%) to form two groups, and the patients were grouped into the following categories: 1. lower confidence and intention to return; 2. higher confidence and intention to return.

The exposure variables were age group (15–24 years, 25–35 years, and 36–82 years), gender (male/female), marital status (single/widowed/separated and married/stable union), level of education (elementary school/high school and college/post-graduation), family income (1 to 5 minimum wages and 6 or more minimum wages), and place of attendance (BHU attended of the School Dental and private clinic). The scores of the life satisfaction scale and the affection and cognition with dentist scale were divided into two groups according to their frequency distribution (approximately 50%): 1. high (a); 2. low (a).

Theoretical and conceptual model of analysis

A conceptual model was built to better understand this study's objectives, reflecting the relationships between the variables under study (Figure 1).

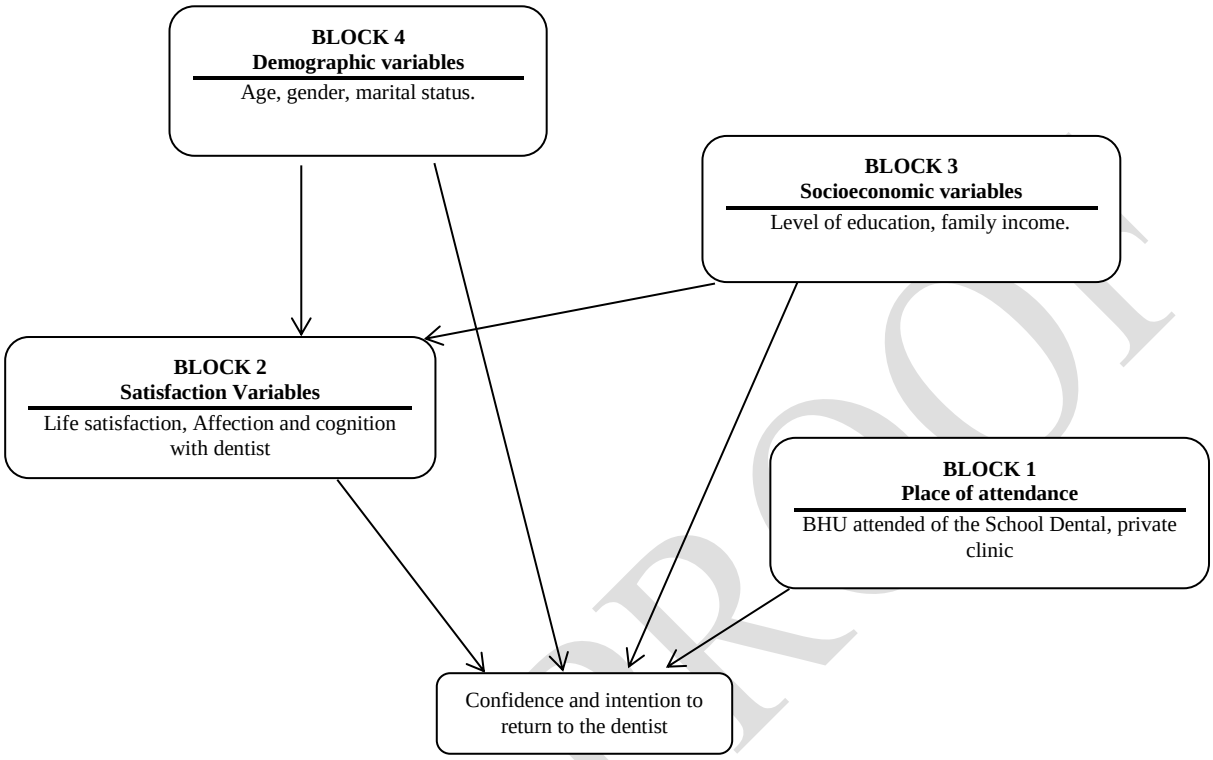

Figure 1 - Theoretical and conceptual model of analysis.

Thus, the demographic and socioeconomic variables, which would influence the patient's confidence and intention to return to the same professional, were arranged in the model in more distal positions about the outcome variable (Block 3 and Block 4, consecutively), however, they would be related. Demographic and socioeconomic issues may also be related to the satisfaction with the individual's life, being observed in the present theoretical model. According to Crow et al.,[21] education, income, and gender issues have an impact on life satisfaction and according to Lazaridou et al.[17] the patient's marital status is also related to satisfaction with the professional since married individuals seem to be happier and have greater satisfaction with their lives than those who are not married. In addition, socioeconomic conditions can define the place of demand for dental care. The variable life satisfaction, presented here a little more proximal to the outcome, is part of Block 2, suggesting that the

individual who is satisfied with his achievements and who would not change anything in his life is more satisfied with the professional and has confidence and intention to return. The place of care may be important in access and type of treatment, and the most common dental procedures include periodontal and endodontic therapies, direct and indirect restorations, and dental prostheses. However, perhaps the memory of the place where the last consultation was performed may have a greater impact on the satisfaction with the professional than the procedure itself, considering in this study, the confidence and intention to return[22]. Thus, in Block 1, the variable more proximal to the outcome of this model is arranged, which would directly impact (Figure 1).

Data Analysis

The data from the questionnaires were recorded in a database in Microsoft Office Excel 2016 software and analyzed using IBM SPSS® statistical software (Statistical Package for the Social Sciences, version 20.0, Armonk, New York). In the multivariate analysis, we used crude. We adjusted Poisson regression in the following blocks: Block 1 (place of care), Block 2 (life satisfaction, affect, and cognition), Block 3 (socioeconomic variables), and Block 4 (demographic variables). The prevalence ratios (PR) and their respective 95% confidence intervals (95% CI) were obtained according to the conceptual model reflecting relationships between the variables under study (Figure 1). For confounding adjustment, all the exploratory variables were entered into the model, and only those with a p-value <0.05 were used. The non-parametric Poisson Regression test was chosen due to the study's design. As data is collected at a single point in time, the relationship between variables can be less predictable and more complex. The non-parametric Poisson Regression test was chosen due to the study's design. As data is collected at a single point in time, the relationship between variables can be less predictable and more complex.

RESULTS

The mean age of the individuals analyzed was 34.41 years (DP± 13.83). Most of the participants were female (52.9%), single, widowed, or separated (66.9%), and the most prevalent last place of care was the BHU attended by the School Dental (55%), according to Table 1.

Table 1- Frequency distribution of patients' sociodemographic profile (n=378).

Variables	N	%
Gender		
male	200	52.9
female	178	47.7
Age group		
15-24 years	121	32.0
25-35 years	102	27.0
36-82 years	155	41.0
Marital status		
Single/widowed/separated	253	66.9
Married / stable union	125	33.1
Level of education		
elementary school/high school	218	57.7
college/post-graduation	160	42.3
Family income		
1 to 5 minimum wages	219	57.9
6 or more minimum wages	159	42.1
Place of attendance		
BHU attended of the School Dental	208	55.0
Private clinic	170	45.0

Table 2 shows the frequencies of the scores of the scales used, grouped in two, according to their frequencies. The affect and cognition scores were positive, with scores ranging from 106 to 125 (highest scores) in 213 patients (56.6 %). Regarding trust in the dentist, the intention to return was the highest in 207 (54.8%) patients who had higher scores (46 to 51 points). Finally, 193 (51.3 %) patients reported better life satisfaction scores (29 to 39 points).

Table 2 - Frequency distribution of Scale scores of the variables of affect and cognition, confidence, intention to return, and life satisfaction (two groups, n=378).

Variables	N	%
Affect and cognition with a dentist		
16-105 points	163	43.4
106-125 points	213	56.6
Confidence and intention to return		
7-45 points	171	45.2
46-51 points	207	54.8
Life satisfaction		
5-28 points	183	48.7
29-39 points	193	51.3

After adjusting for confounding factors in the multiple regression analysis, the place-of-care variable was excluded from the adjusted model because it lost its statistical association ($p>0.05$). The variables of affect and cognition (PR=2.01; 95%CI1.73-2.32) and life satisfaction (PR=1.11; 95%CI1.05-1.23) were maintained in the final model (Table 3), being associated with confidence in the dentist and the intention to return.

Table 3 - Simple (crude) and multiple (adjusted) regression analysis of confidence and intention to return to the dentist.

	Crude PR ($IC_{95\%}$)	p-value*	[a]Adjusted PR ($IC_{95\%}$)	p-value*
Family income				
1 to 5 minimum wages	1	0.430	-	-
6 or more minimum wages	01.05 (0.92-1.20)			
Marital status				
single/widowed/separated	1	0.893	-	-
Married/stable union	0.99(0.85-1.14)			
Level of education				
Elementary School /High School	1	0.865	-	-
college/post-graduation	0.98 (0.86-1.13)			
Place of attendance				
BHU attended of the	1	***0.034***	1	0.862
School Dental private clinic	1.742 (1.30-1.56)		0.92(0.91-1.08)	
Gender				
Female	1	0.619	-	-
Male	1.03 (0.90-1.18)			
Age group				
11-24 years	1		-	-
25-35 years	0.97(0.83-1.12)	0.699		
36 or more	1.11 (0.94-1.33)	0.207		
Affect and cognition				
Low	1	****0.001***	1	***<0.001***
High	1.11 (1.06-1.16)		2.01 (1.73-2.32)	
Satisfaction with life				
Low	1	****0.001***	1	***0.039***
High	1.38 (1.27-1.50)		1.11 (1.05-1.23)	

*Wald test (p<0.10 - statistically significant)
PR – Prevalence Ratio; 95% - 95% confidence interval
[a]Adjusted for the variables: affect and cognition. place of care and life satisfaction (p<0.05).

DISCUSSION

This cross-sectional study aimed to analyze the patients' confidence and intention to return to a professional who performed the last dental procedure and verify the associated

factors, such as demographic, socioeconomic, place of service, life satisfaction, and affection and cognition with the dentist.

The main results highlight the positive effect of affect and cognition on patient confidence and intention to return to the dentist, proving the first hypothesis of the study. This result then demonstrated that higher affection and cognition, characteristics directly related to the professional, showed twice the chances of confidence and intention to return, representing double the chances compared to the variable of greater satisfaction with life, which was also associated with the outcome variable of this study. When patients experience positive affection towards their dentists, they generally feel more confident, comfortable, and satisfied with the treatment received. Patients with positive cognition towards their dentist are more likely to trust their recommendations, follow treatment instructions, and maintain open and collaborative communication. This can lead to better treatment adherence and more satisfactory outcomes. Therefore, both affection and cognition play important roles in shaping trust and the quality of the relationship between patients and dentists. This corroborates other studies that highlight that health professionals who establish trust guarantee a greater chance of return and continuity of care when the need arises.[6,23] Welcoming behavior, openness, and committed listening provide a bonding and affectionate relationship[1,10]. This positive scenario suggests that the patient will cooperate with the dentist while making the professional responsible for creating an effective link, strengthening trust and communication, and thus decreasing the risk of uncertainties during treatment[1,5,10,12].

Given the importance of this variable, the authors reported that one of the reasons for not returning to the dentist was confidence.[24] People look for technically capable professionals but also seek the human aspects of social relationships. Thus, satisfaction positively associated with trust in professionals is correlated with greater use of preventive health services. It is necessary to give a more humanistic meaning to dental practice because the more the dentist understands patients, the more assertive the treatment can become.[25]

As a result, there was a positive association between life satisfaction, confidence, and intention to return, supporting our second hypothesis. In this sense, the professional's interest in understanding the life process of each individual not only strengthens the bond between

various sectors of the clinical environment, but also allows for more appropriate decision-making for each patient, pointing out the value of each patient's existence through understanding individual personality as well as empathic awareness of their pain, suffering, and the disease process.[11] We have long attempted to understand how people think, interpret, and perceive the world. Human thinking can be influenced by cognition and affectivity, including patients' psychosocial needs, reasoning, critical thinking, and anxiety, and interfering, for example, with the perception of care.[12,26] Thus, a reflection on subjective well-being, that is, self-satisfaction and gratitude, is required.[3,15]

In this way, the attributes of the professional, such as being dedicated, supportive, and caring, are relevant to patients and help them take control of their oral health and produce changes in the way they previously thought about their oral health and the professional's role.[27] Thus, life satisfaction can be analyzed through an inverted perspective; that is, through the trust and bond with the professional, the individual may feel more satisfied with his life due to the stimulus of self-care, giving new meaning to his perceptions. Allied to this study's context are current efforts to implement the National Humanization Policy (PNH), a proposal to recognize the subjective and social dimensions in all BHU practices, including dentistry.[1] The proposal strives to develop skills that allow dentists to face reality with all kinds of difficulties, as the public health system requires coexistence with a behavioral plurality.[3]

Although in the present study, the place of service did not affect patient confidence and intention to return, rejecting our study's third hypothesis, previous studies reported that users evaluate public oral health service positively, with users with lower socioeconomic conditions being the most satisfied with these services[4]. In contrast, others have reported that the use of public services is associated with lower satisfaction with private services and health insurance.[28]

The Satisfaction with Life Scale is widely used.[29] Understanding these attributes in the outcomes of dental appointments is complex. In this study, we used scales already validated and widely used in the literature,[29] but the inability to establish cut-off points on responses to determine meaningful categories are difficulties also encountered in previous studies[7]. Many studies have investigated patient satisfaction and its relationship to anxiety or fear of dentists with the quality of dental procedures.[6,12,13,24] However, the intention to return is still poorly

studied and may be one of the reasons for absenteeism in public health.[8] Moreover, the current situation of patients experiencing vulnerability because they are afraid and anxious about performing health-related procedures due to the COVID-19 pandemic may have influenced our findings.

It is important to consider both the strengths and limitations of the study. While there is a substantial sample size of patients, it should be noted that the sample may not be fully representative of the entire population of the municipality. Moreover, the sampling process may have introduced a self-selection bias. Lastly, it is important to highlight that the adjustment of regression models may have limitations, as there may be significant unexplained variation. Therefore, the results should be interpreted with caution.

More research is needed to understand the basis of the trust attribute, its role in professional behavior, and acquiring it to improve the dentist-patient relationship. In this sense, with improvements in living conditions, people are paying increasing attention to their health status and the quality of health services.[5] Thus, the importance of studies that address issues of user subjectivity is notorious because the benefits are mutual (patient and professional). Another point is the effort to improve the training (undergraduate, graduate, and continuing education) of dental surgeons. The pedagogical innovation in health education, with the possibility of clinical approaches involving subjectivity in the mode of health care production, should be included in undergraduate curricula. Few studies have provided evidence of the impact of the human sciences on dentists and their competence to treat patients holistically, leaving many problems requiring further study.[30]

CONCLUSION

Evidence for the proposed model was found in the results of this study. The positive aspects of the dental surgeon's affection and cognition influence patient confidence and intention to return to the professional who performed the last dental procedure. Being satisfied with life also underlies a greater chance of confidence and intention to return for a dental visit.

This study showed that the subjectivities of dental care and treatment and professional behavior are approaches that must be incorporated into dental students' educational curricula.

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Giordana Picolo Furini:	Conceptualization, Data curation, Writing – original draft, Writing – review & editing.
Ione Miozzo:	Writing – original draft, Writing – review & editing
Lilian Rigo:	Supervision, Validation, Project administration, Writing – original draft, Writing – review & editing
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