Abstract

Disparities in access to dental services have been reported for particular groups of Australians. Consequently, these groups suffer a greater burden of oral disease when compared with the general population. The reasons why dentists do not undertake and/or sustain working with disadvantaged patients are well known but not so well known is what drives those who do. This project aims to better understand the characteristics of dentists whose practice orientation is focused on care for disadvantaged groups. This will supplement existing knowledge of dentists’ career decision making, allow more targeted recruitment of dental applicants, and inform admissions committees and dental educators about how best to prepare students with the skills, attributes and experiences necessary to serve all Australians.

The aim of this research project was to explore the characteristics, values, beliefs, and motivations of dentists who work with disadvantaged patients and compare the findings with those who treat mainly general patients.

A sequential mixed-method study design was undertaken. Dentists who worked with underserved groups were purposefully recruited using the ‘snowballing’ technique and interviewed. Thematic analysis of the transcripts followed; the findings of which formed the basis of the questionnaire sent to a random sample of registered dentists in Australia. Univariate, bivariate and multivariate analyses were performed on the data. The categorical outcome variable was ‘dentists treating ≥ 50% or < 50% disadvantaged patients’.

Sixteen dentists were interviewed in the qualitative stage for an average of 47 minutes (range 22-81). Five key themes emerged: 1) ‘Tapped on the shoulder’; dentists were personally approached to work with disadvantaged patients; 2) ‘Dental school challenges’; challenges faced during training, e.g. assessment, bullying and delayed completion; 3) ‘Empathic concern’; the non-judgmental concern for patients when relieving pain and improving their wellness; 4) ‘Intrinsic reward’; the personal gain in receiving simple, unexpected rewards that made a difference; 5) ‘Resilience’; the overarching theme, derived from personal experiences and challenges of the work environment.

In Stage 2, 1523 questionnaires were returned, yielding an adjusted response rate of 62.6%. The adjusted odds of dentists’ treating disadvantaged patients, was around twice that for those treating < 50% disadvantaged patients for being motivated by ‘status’ (OR 2.4; 95% CI: 1.32; 4.35), ‘to help’ (OR 1.8; 95% CI: 1.03; 3.16), ‘a challenging career’ (OR 2.1; 95% CI: 1.01; 4.40) and ‘second choice to medicine’ (OR 2.1; 95% CI: 1.11; 3.95). They were 11 times more likely to work in government clinics (OR 11.6; 95% CI: 5.2; 26.0) and had three times the odds of working in the Defense Force or tertiary institutions (OR 3.0; 95% CI: 1.0; 9.2) than in private solo practices. Treating disadvantaged patients was associated with neutral attitudes towards oral health therapists being employed to do so (OR 2.31; 95% CI: 1.09-4.91), being religious (OR 2.23; 95% CI: 1.12-4.42) and working in remote locations (OR 8.60; 95% CI: 2.21-33.48).

The conclusions from Stage 2 were consistent with the qualitative study. Stage 2 showed that career choice motivation, religious affiliation, type and location of practice were associated with a practice orientation toward disadvantaged patients. However, empathy and resilience, key themes from the qualitative study, and socio-economic factors, demographics and dental school experience were not found to be associated after adjusting for other variables.

The thesis is available at: https://digital.library.adelaide.edu.au/dspace/handle/2440/97385

Publications arising from this work: