

HOW DENTISTS ACCOUNT FOR SOCIAL RESPONSIBILITY: A QUESTIONNAIRE SURVEY AMONG THE DENTAL PRACTITIONERS OF GHAZIABAD DISTRICT

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Abstract

Background: To analyze how dentists account for social responsibility.

Methods: A cross sectional study was conducted where 200 dental graduates were approached to participate in the study, out of which 162 responded. A questionnaire with eight questions was used on the line of Vikas Vaibhav (2012) suitable to the existing situation.

Results: 99 subjects said finance as a barrier. 160 subjects agree with teaching of social responsibility as a curriculum in Public Health Dentistry. 159 subjects said that government should take the responsibility of oral health care among underprivileged population. 122 subjects said that they attend the dental conference when held at their place. Maximum participants agree that finance is the biggest constraint; it is also even in developed countries and found in other studies.

Conclusion: The dentists of today are trying to become socially responsible. To make the situation better chapter related to social responsibility must be added to undergraduate curriculum.

Keywords: Dentists, Social Responsibility, Society underprivileged and underserved

Introduction

In US, requests have surfaced for well over a decade for an ethic of social responsibility to respond to prevailing oral health disparities and to broaden access to oral health care.¹⁻⁵

In Canada, this inequity has received very little attention.⁶ India is a vast country, with a population which are different socially, culturally, and environmentally, as well as in religion, caste, creed and with different community needs in both the urban and rural areas. To involve the community and mobilize its resources, it is essential to understand the psychosocial, cultural, and environmental factors of the community before developing strategies. The role and responsibilities of each of the members of the dental faculty for improving the health of the community through treatment, education, strategies, and services, and foster access to quality oral healthcare, sound public health, and primary preventive measures for all people including the poor, underprivileged and underserved.⁷ The dentist of today are of the opinion that dentistry is a primarily a business and they are practicing at a market place providing services to only who can afford dental treatment. Even the dentist's practicing in the developed countries seems to have the same attitude and practices. Insight into conflicting views on who is socially responsible? Whether the individual dentist, the dental profession, or society as a whole for ensuring equitable access to dental care.⁸ Discussions have focused on the inadequacies of the traditional educational model within health care systems challenged by economic priorities and an inequitable distribution of resources in society.⁹⁻¹¹

Twenty Seven years ago Entwistle asked, "Are we creating socially responsible dental professionals?" and raised a series of related questions that are equally relevant today around issues affecting barriers to care, such as poverty, cultural sensitivity, and the practice of dentistry in a market society.¹²

The concept of social responsibility has been considered in education and moral development, civic engagement,

community service, sustainable development, and within the corporate sector and business ethics. However, reference to social responsibility in dentistry has been made usually without a clear explanation of the concept or its application by dentists. We know that the few dentists who attend to the needs of frail elders in residential care struggle to balance financial cost with accessibility of care, but we know little about how most other dentists think about and struggle with their social responsibilities.¹³

In India, the literature regarding social responsibilities among dentists is scarce. Hence, the present study is undertaken, how dentist account for social responsibility.

Materials and Methods

A cross sectional study was conducted on dentists practicing in Ghaziabad District with an objective to analyze how dentists account for social responsibility. All dental graduates who are practicing in Ghaziabad district were approached and who gave the consent was included in the study. The study followed convenience sampling methods, 200 dental graduates were approached, of which only 162 agreed to participate in the study with the confirmation that identity will not be disclosed. Informed consent was obtained from all respondents. They were informed that participation was voluntary and confidential. It was emphasized that study is only for scientific purpose. A questionnaire with eight items was used.¹ The questionnaire was administered under investigator.

Result

Table 1 shows distribution of study subjects and their responses to the questionnaire. Ninety Nine subjects said finance as a barrier. One hundred and sixty subjects agree with teaching of social responsibility as a curriculum in Public Health Dentistry. One hundred and fifty nine subjects said that government should take the responsibility of oral health care among underprivileged population. One hundred and twenty two subjects said that they attend the

dental conference when held at their place. Ninety one subjects had the habit of increasing the knowledge by reading literature.

Table 1: Distribution of study subjects response to questionnaire

S.NO.	QUESTIONNAIRE	YES	NO
1	Do you see finance as major barrier in accessing dental health care?	99	63
2	Are you in habit of reading dental literature to keep yourself update?	91	71
3	Do you attend dental conferences?	122	40
4	I attend if held at my place only?	152	10
5	Do you think social responsibility should be taught as a part of dental public dentistry?	160	02
6	Was public health dentistry taught to you separately?	158	04
7	Who should provide oral health care to under privileged A. Government B. Private dental institutions(Yes/No)	159	03
		92	70
8	Dental graduates should provide services to the only emergency needy filling and dentures to needy elderly patients.	76	86

Discussion

Most of the dental graduates read dental literature to keep their knowledge update. One of the reasons may be that as they have just passed out, they are not much busy with patient. Maximum participants agree that finance is the biggest constraint; it is also even in developed countries and found in other studies. Almost all the participants attend the dental conference, but many of them attend it when it is held at their place. One of the reasons could be that, it is convenient to them and secondly they can rush to their clinic if in need. All the participants unanimously agreed that social responsibilities should be taught to undergraduates of BDS as part of public health dentistry.

Most of the participants said that government should provide oral health care to under privileged and less than half of the participant accepts that private institute should also participate in serving under privileged. Many are not agree with the statement that dental graduates should provide services to the only emergency needy filling and dentures to needy elderly patients, which very positive indicator is showing their concern towards them.

Conclusion

Insight into conflicting views who is socially responsible? Whether an individual dentist, the dental profession or society as a whole for ensuring equitable accesses to dental care. The dentists of today are of the view that dentistry is primarily a business and they are practicing at a market place providing services to only who can afford dental

treatment. Even the dentists practicing in the developed countries seem to have the same attitude and practices. Further studies are required to know the influence of social responsibilities on various aspects of dentistry.

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