SUMMARY OF THE DOCTORAL THESIS

Clinical-statistical studies on the doctor-patient relationship in dental practice The psycho-behavioral impact of the training doctor

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Introduction: The doctor-patient relationship is a complex phenomenon in constant change and improvement. This relationship is in a continuous transition due to the influences that reside in the factors involved - the attending physician and the patient. The dentist-patient binomial feeds this interaction through influences characteristic of the condition of each of them, and the result of this interdependence often acquires unsuspected and hard-to-predict valences. Relationship models are evolving towards care models, some focused on the relationship, others focused on the patient, and obviously the biopsychosocial approach proves its usefulness. The relationship of the training doctor appears as a novelty in the relational field. The physician-educator paradigm emphasizes its utility and reinforces its necessity from the fact that the physician can contribute to improving the status of the patient for each person attending the dental office. The doctor is an educator, a pedagogue of the patient's behavior, this having an obvious psychobehavioral impact.

General Objectives: The present work wanted to highlight the types of relationship models that appear in the doctor-patient interaction and to evaluate the psycho-behavioral impact of the paternalistic, consumerist, participative (partnership) and training doctor type relationship models. At the same time, in this doctoral thesis, we wanted to correlate the level of self-efficacy of the patients with the paternalistic, consumerist, participative and training physician relationship.

General Methodology: The study began with the selection of patients, followed by the collection of personal data of the subjects (filling in the GDPR form - form regarding the processing of personal data). A written agreement regarding participation in the study and use of the obtained data for scientific purposes (informed research consent) was completed. The working method used questionnaires designed by us based on the study of the specialized literature and our clinical experience. After extracting the information obtained from the processing of the questionnaires, the statistical analysis of the obtained data followed.

Study 1: In the first observational-descriptive study, we tracked the quantification of the level of preference for paternalistic, consumerist, partnership-type relationships in the case of dentists and patients.

Study 1 Conclusions: Paternalistic relationship is preferred to a great extent and to a very great extent in a higher percentage by urban doctors compared to rural doctors. Female doctors consider paternalistic relationships more important than male doctors. Undergraduate and postgraduate female patient respondents prefer paternalism over male respondents.
The consumerist relationship is appreciated to a greater extent by female subjects both in the case of doctors and in the case of patients. Doctors and patients from the urban environment cannot appreciate the qualities of the participative model in a large percentage. Patients with university and postgraduate training cannot appreciate in a large proportion if the partnership relationship is useful for them.

Study 2 In the second observational-descriptive study, we sought to quantify the level of preference for the doctor-trainer relationship in the case of dentists and patients.

Study 2 Conclusions: Both doctors and patients aged ≤ 30 years and over 30 years greatly appreciate this new type of relationship.
Female patients, both among doctors and patients, value the MMF relationship to a greater extent and in a higher percentage than male doctors.
High level of academic training correlates better with the MMF relationship model. Confirmation of the variable to a very large extent for the MMF relationship is still not achieved due to the novelty of this relationship.

Study 3: In the third study, the correlation of the level of self-efficacy of the patients with the paternalistic, consumerist, participative and training physician relationship was carried out.

Study 3 Conclusions: The decrease in the self-efficacy score brings with it the correlation with the paternalistic relationship. The largest number of patients with medium self-efficacy prefer the consumerist model. As the self-efficacy score increases, so does the number of respondents who prefer participative communication. The trainer-doctor model relationship is largely preferred by most of the respondents who have a lower self-efficacy than the respondents in the case of the consumer model and higher than the subjects questioned in the case of the partnership model.

General Conclusions: The trainer-physician model relationship is largely preferred by most respondents who have lower self-efficacy than respondents in the case of the consumer model and higher than the subjects questioned in the case of the partnership model. The new relationship models that appear permanently are the result of the complexity of the doctor-patient interaction, and the confirmation of the variable to a great extent for the MMF relationship was achieved with the passage of time due to the novelty of this relationship. The physician-educator paradigm emphasizes its usefulness and reinforces its necessity from the fact that the physician can contribute to the improvement of patient status for each person who frequents the medical office.