ATTITUDE OF DENTAL STUDENTS TOWARDS ELDERLY

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ABSTRACT

The aim of this study was to assess the attitude of dental students towards elderly patients. This increased the awareness of the need of the geriatric dental education within the undergraduate dental curriculum, which is the pressing need for today.

The study was carried out at the de, Montmorency College of Dentistry, Lahore –Pakistan. It was a descriptive cross sectional study.

Study sample comprised of sixty final year students. Attitude of students towards elderly was measured using a self administered questionnaire consisting of ROZENCRAZ AND MCNEVIN AGING SEMENTIC DIFFERENTIAL SCALE.

Students attitude was found to be very positive towards elderly patients as they showed a strong desire to work with elderly patients. This showed that the future geriatric dentistry is not towards a decline in Pakistan as compared to negative attitudes of students in the developed countries.

INTRODUCTION

This is the era of the elderly. According to United Nations, the number of people aged 60 years or older was estimated to be 629 million in 2002 and to become almost a billion by 2050.1 The percentage of people aged over 60 years will reach up to 21% of the population by 2050.2,3 Increasing number of elderly people and decreasing rates of edentulism highlight the importance of dental education that focuses on dental geriatrics.4,5,6

Geriatric dental education can be defined as “That portion of the predoctoral dental curriculum that deals with special knowledge, attitude and technical skills required in provision of oral health care to older adults.”7,8 Awareness of the need for dental geriatrics within the undergraduate dental curriculum has increased substantially in western world but no steps have been taken in this regard in this part of the world. Particularly little is known about how the dental students respond to geriatric patients.

In order to develop competence in managing geriatric patients, dental students must undergo educational experiences that result in development of special clinical skills and a caring attitude towards elderly.12

Negative attitude towards elderly are not unique to dental professionals. The apparent acceptance of edentulous state as the ultimate result of aging, rather than as a pathological process has resulted in the lack of seriousness associated with the treatment of dental problems of the aged.13 Many studies have shown the attitudes of health

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professionals in general to be negative towards elderly. Such studies have not been undertaken in Pakistan to measure the attitude of dental students towards elderly.

**METHODOLOGY**

The study sample consisted of sixty final year students, currently enrolled in de, Montmorency College of Dentistry, Lahore. A structured, hand delivered and self administered questionnaire was used for data collection. All students filled out forms during clinical hours. Information obtained from the students included personal data e.g, gender, age, place of birth and two more questions, one dealing with students past experience with a geriatric, either as a provider of care and an elderly family member. The second question inquired the students desire to work with elderly in future. Attitude were measured using “Rozencranz and Mc Nevin aging semantic differential scale (ASD).” This consisted of 24 bipolar pair of adjectives that described attributes of behavioral characteristics thought to be applicable to persons of all ages. For this study only ten bipolar pairs were used. (table 1)

The ASD measured attitude on three scales. The three attitudinal dimensions are indicated parenthetically by notations below:

**(A) Instrumental - Ineffective (I - I)**

It represents the capability of actively pursuing goals, adaptive to changes. Older people are perceived to be low instrumentality. It consists of three items:

- Idle- Busy
- Passive- Active
- Conservative- Liberal

**(B) Autonomous- Dependent (A-d)**

It is a measure of self sufficiency and active participation in social life. It consists of three bipolar pairs of adjective. Disorganized- organized, uncertain-certain, indecisive- decisive.

**(C) Personal Acceptability – Unacceptability (Pa-U)**

It measures the extent to which one is flexible, socially at ease and pleasing to others. It consists of four pairs of items: Uncooperative- Cooperative, Dejected- Helpful, Sad- Happy, Unpleasant – Pleasant.

Responses to the bipolar pairs were calculated on 5 point Lickert scale. Study subjects were asked to place check marks along the scales at the points which they considered best in describing elderly person. Scores ranged from 10-70 and the mid scale score i.e. 30 was considered neutral. Scores less than mid scale score were considered to be representative of positive attitude while those above mid scale were considered negative.

**Statistical Analysis:** Attitude scores were evaluated using means and standard deviation and gender and distribution of students according to desire to work with elderly was shown by percentages.

**RESULTS**

Table 1-3 show gender distribution, attitude of students towards elderly and distribution of students according to whether they want to work with elderly or not.

Table 1 shows gender distribution of study population, out of which 60% were males and 40% were females.

Table 2 shows the overall attitude scores of students. Mean was 17.9 which was less than the mid-scale score 30 i.e., representative of positive attitude of students towards elderly.

Table 3 shows attitude scores of students with respect to their gender. Both male and female showed the same attitude towards elderly as the difference between both gender scores was insignificant.

Table 4 shows the distribution of students according to desire to work with elderly people. 73% of students wanted to work with elderly and only 17% did not want to work with elderly people.

All students had an experience of two months in treating elderly patients in prosthodontic department and all students had at least one elderly family member at home.
DISCUSSION

Results indicate that students of final year showed very positive attitude towards elderly patients. Although they had an experience of only two months in treating elderly patients in department of prosthodontics. Eyison et al. in a study compared attitudes of students of two dental schools towards the elderly and those were found to be negative. He came up with conclusion that students had very little exposure to elderly patients which was responsible for negative attitude of students. While in this study students had only an experience of two months and yet they showed positive attitudes. Students social and cultural values can also be attributed to their positive attitudes. It is interesting to state that elderly population visiting dental college is a reflection and a tool to countercheck this positive attitude.

Majority of students in the present study showed a strong desire to work with elderly, as most of the students have at least one family member at home. This is in agreement with Kiyak et al. In their study significant differences in attitude of students were shown those with and those without social contact with elderly. More positive scores were obtained for students who had at least one family member at home.

In the present study there was no significant difference of attitude between both genders. Perhaps a bigger sample size would have shown significant differences between both genders.

The present study was done only on the students of de, Montmorency College of Dentistry, Lahore. In future, multicenter studies can be done to reach a consensus, regarding attitude of dental students towards elderly in Pakistan. In the light of that consensus, curriculum of undergraduate students can be revised.

CONCLUSION

Students showed a very positive attitude towards elderly and showed a strong desire to work with elderly. This showed that future of geriatric dentistry is not towards decline in Pakistan but the only need is to improve the knowledge and skills in the management of the elderly so that the positive attitude can be utilized properly to improve the quality of life of elderly
which is the pressing need of today. Therefore, it becomes imperative to revise and improve geriatric curriculum which is up till now only a part of Prosthodontic curriculum. It should be introduced as a separate subject for proper training of dental students and hopefully to provide quality care to elderly which they rightly deserve.

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REFERENCES


