

DENTAL PROFESSIONALS' PERCEPTION OF MODERN COMMUNICATION TRENDS INCLUDING SOCIAL PLATFORMS BETWEEN DENTIST AND PATIENT

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Abstract: *Purpose:* We set out to explore attitudes among dentists regarding acceptable means and methods of communicating on professional issues with patients.

A cross-sectional study was conducted, collecting data through a questionnaire survey among 195 dental practitioners, including both general dentists and specialists. For the purpose of the study, respondents were divided into 4 groups according to their years of work experience. The research team designed a survey that was completed voluntarily and anonymously by all participants. The data were entered and processed with the statistical packages IBM SPSS Statistics 27.0. and MedCalc Version 23.4.5. Descriptive statistics were performed and for greater clarity, graphs were developed using Excel of Microsoft Office 2021.

The results show that 95.4% of the respondents indicated that the telephone connection with a number indicated for contact with the office was an acceptable channel for doctors for communication between doctor and patient; in second place is "Reading in Viber" with 68.2%, followed by "Writing personal messages (47.7%); the smallest percentage is "Reading in Facebook" (28.7%). The preferred time for doctors to contact patients (88.20%) is during the day through official channels. Regarding the use of social media for professional referral of patients, the answers were distributed as follows: the most frequently (42.6%) indicated answer was "It is not professional to discuss medical issues through social media", followed by "Yes, I correspond with them on Viber" with 42.1%; the least frequently (21.5%) selected answer was "Yes, I communicate with them on professional topics on Facebook".

Modern anthropology has proven that people are able to perceive only what they can and are willing to perceive. Therefore, communication between a dentist and a patient is a complex process, because it involves two participants with different positions and requirements for the other. The doctor must have developed skills to manage the communication process, to activate the patient to enter this process as an equal participant and to maintain the process in development with a positive outcome.

Keywords: Dentist, Patient, Communication skills, Social media

1. INTRODUCTION

The science of communication cannot be defined as a discipline with certain precise rules, because its development is imprinted by the entire business policy of modern society. In each area of communication there are its own individual characteristics, but in reality it is subject to the same rules. Business rules require that communication in the workplace be influenced by three main elements: communication climate (trust and mutual respect); clarity in positions and interrelationships between subjects; and the use or not of digital tools for work and influence. Communication is one of the most frequently used, but least formally structured competencies in modern dental practice (Alessandro, 2026). In dentistry, communication is subject to factors specific to dental practice, because dentistry combines a high-tech clinical environment with intense patient anxiety, which makes these communication factors particularly unique to the practice. Overcoming our patient anxiety requires empathetic dialogue, a calming tone, and positive body language to build trust. In a work environment, not every patient can communicate verbally with the doctor, so dentists rely heavily on non-verbal and visual aids (X-rays, models) to communicate. Dentists are tasked with explaining complex anatomical and treatment concepts in simple terms, ensuring that patients with low health literacy understand and can give proper informed consent. Last but not least, a successful dental practice requires impeccable internal communication between the reception (schedule), dental assistants (preparation of the working field), hygienists and the dentist to ensure a smooth and efficient daily workflow. At the same time, this communication between

the two entities on health topics intersects with the need to communicate about financial costs, treatment plans, personal oral hygiene advice, without making patients feel overwhelmed or anxious.

All dentists have experienced the consequences of ineffective communication. The causes of illness at such times are divided into three groups: factors on the patient's side, factors on the dentists' and technical teams' side, and factors related to the working microclimate of the dental practice (Georgieva, 2023; Ronneberg, 2019). Effective communication requires accurate listening or observation, giving both verbal and nonverbal responses. This not only improves the accuracy of the diagnosis, but also especially ethical clinical outcomes and relationships, increasing positive outcomes for patients (Ho, 2025). King shares that in medicine there is a shared understanding of the main elements of effective communication between doctor and patient, which are: a dynamic process of understanding, mutual acquisition of information, the ability to share information, purposeful inclusion of patients in decision-making, unhindered handling of the patient's emotional needs, and support for the achievement and treatment (King, 2013).

The overwhelming amount of health information presented by the dentist or team may not be fully understood and understood by patients (Khalifah, 2019). When the dentist has a patient-centered mindset, decision-making is a collaborative effort between the dentist and the patient. Patients are encouraged to actively participate in discussions, assessments, and validations, and to help create their own treatment plans. The dentist's role is to provide accurate and scientifically sound data to support the proposed solutions, as well as to share the negatives or positives of other alternative options. This behavior allows them to build a strong therapeutic alliance (Ho, 2024). Demonstrating empathy, encouraging questions and feedback, using visual aids, and allowing patients sufficient time to understand real and hypothetical treatment options are essential components of effective communication in dental care.

When communication is ineffective, and patients are increasingly aware of the information inundating them from various Internet channels, often of varying quality; when they are anxious, time-constrained and exposed to making quick decisions related to their oral health, this leads them to insecurity and often to aggressive communication behavior. These states are also influenced by environmental factors, such as the social environment, personal health self-assessment, government public health policy, the influence of the media on the authority of doctors and other factors (Yuan, 2020).

In today's digital age, new means of communication (social media) are increasingly entering between dentists and patients. It is interesting to see how this new way of communication is perceived by dentists themselves.

Aim: Therefore, we set ourselves the goal of studying the attitudes among dentists about the acceptable means and manner of communicating on professional issues with patients.

2. MATERIAL AND METHODS

A cross-sectional study was conducted, collecting data through a questionnaire survey among 195 dental practitioners, including both general dentists and specialists. The survey used in the study was a closed-ended survey, with clearly formulated questions and sufficient explanations. Each question had several possible answers. The questionnaire was completed voluntarily and anonymously by all participants. They were recruited from a web-based closed group of dentists. The questionnaire was administered via Google Forms. The opportunity to complete the survey was within one working week. The questions in the survey are divided into parts and take into account: the professional characteristics of the participant and his attitudes and views regarding acceptable channels for direct communication between doctor and patient and the time for carrying out this communication. For the purpose of the study, respondents were divided into 4 groups according to their years of work experience. A presentation of the participants by this characteristic is in Table 1.

Table 1: Background information about the dental doctors who responded to the survey

Background data	Absolute number (n)	Relative share (%)
Work experience		
○ 1-3 years	20	10.30%
○ 4-10 years	49	25.10%
○ 11-20 years	51	26.20%
○ Over 20 years	75	38.50%

Source: Authors' research

Statistical analysis: The data were entered and processed with the statistical packages IBM SPSS Statistics 27.0. and MedCalc Version 23.4.5. Descriptive statistics were performed and for greater clarity, graphs were developed using Excel of Microsoft Office 2021. The significance level at which the null hypothesis is rejected was $p < 0.05$.

3. RESULTS

The results obtained for the three research questions are presented in a table. For the first question clarifying the channels of communication between doctor and patient that are acceptable to doctors, the answers showed the following distribution of opinions (table 2):

- Almost all (95.4%) of the respondents indicated that the telephone connection with a number indicated for contact with the office was an acceptable channel for doctors for communication between doctor and patient;
- In second place is "Reading in Viber" with 68.2%, followed by "Writing personal messages (47.7%);
- With the smallest percentage is "Reading in Facebook" (28.7%).

Of course, the participants in the study indicated more than one channel of communication.

Table 2: Percentage distribution of responses regarding dental doctors' perception of appropriate doctor-patient communication channels

Question	Absolute number (n)	Relative share (%)
What is the acceptable channel for doctors to communicate between doctor and patient?		
○ Telephone contact of the practice's business number	186	95.40%
○ Chatting in Viber	133	68.20%
○ Writing private messages to the announced phone number	93	47.70%
○ Email correspondence	85	43.60%
○ Chatting on Facebook	56	28.70%

Source: Authors' research

Table 3: Analysis of the relationship between the dentist's work experience and the answers to the question "What is the acceptable channel for doctors for communication between doctor and patient?"

Work experience	Frequency	Communication channel				
		Telephone connection	Writing personal messages	Replying to emails	Chatting on Facebook	Chatting in Viber
Up to 3 years	n	18	11	6	6	16
	%	9,7 ^a	11,8 ^a	7,1 ^a	10,7 ^a	12,0 ^a
From 4 to 10 years	n	45	20	22	20	37
	%	24,2 ^a	21,5 ^a	25,9 ^a	35,7 ^a	27,8 ^a
From 11 to 20 years	n	51	29	29	18	38
	%	27,4 ^a	31,2 ^a	34,1 ^a	32,1 ^a	28,6 ^a
Over 20 years	n	72	33	28	12	42
	%	38,7 ^a	35,5 ^{ac}	32,9 ^{ac}	21,4 ^{bc}	31,6 ^{ac}

* - the same letters on the horizontal lines mean the absence of a significant difference, and the different ones - the presence of such a difference (p<0.05)

Source: Authors' research

The analysis of the relationship between the dentist's work experience and the answers to the question "What is the acceptable channel for doctors for communication between a doctor and a patient?" found that such a channel was only available to those with over 20 years of work experience. The answer ""Telephone connection"" has a significantly higher relative share than that of "Chatting on Facebook", but not than those of the other answers, which do not differ statistically from each other (Table 3).

Table 4: Percentage distribution of dentists' preferences for appropriate time for communication with patients (the sum of the percentages exceeds 100 because some respondents gave more than one answer).

Question	Absolute number (n)	Relative share (%)
What is the normal time for communication between a doctor and a patient?		
○ By phone during business hours and in emergencies during other parts of the day	172	88.20%
○ Communication on social networks (chatting) during the day	50	25.60%
○ Communication on social networks at any time	6	3.10%
○ I can't judge	11	5.60%

Source: Authors' research

The results of dentists' preferences for appropriate time for communication with patients are shown in Table 4. From them it is clear that:

- The answer with the largest relative share (88.2%) is "By phone during working hours and in case of emergency during other parts of the day", followed by "Communication on social networks (chatting) during the day" with 25.6%;
- The smallest (3.1%) is the relative share of "Communication on social networks at any time".

The analysis of the relationship between the dentist's work experience and the answers to the question "What is the normal time for communication between a doctor and a patient?" did not show a statistically significant difference, as can be seen from Table 5. The results show that the ability to chat with patients at any time is not an acceptable approach for dentists.

Table 5: Analysis of the relationship between the dentist's work experience and the answers to the question "What is the normal time for communication between a doctor and a patient?"

Work experience	Frequency	What is the normal time range for communication between a dentist and a patient?			
		By phone during business hours and in emergencies during other parts of the day	Communication on social networks (chatting) during the day	Communication on social networks, at any time	I can't judge
Up to 3 years	n	17	6	2	2
	%	9,9 ^a	12,0 ^a	33,3 ^a	18,2 ^a
From 4 to 10 years	n	43	13	2	3
	%	25,0 ^a	26,0 ^a	33,3 ^a	27,3 ^a
From 11 to 20 years	n	45	14	1	4
	%	26,2 ^a	28,0 ^a	16,7 ^a	36,4 ^a
Over 20 years	n	67	17	1	2
	%	39,0 ^a	34,0 ^a	16,7 ^a	18,2 ^a

* - the same letters on the horizontal lines mean the absence of a significant difference, and the different ones - the presence of such a difference (p<0.05)

Source: Authors' research

The results obtained regarding the use of social media for professional guidance of patients are presented in Table 6 and show that:

- The most frequently (42.6%) indicated answer was "It is not professional to discuss medical issues through social media", followed by "Yes, I correspond with them on Viber" with 42.1%;
- The least frequently (21.5%) selected answer was "Yes, I communicate with them on professional topics on Facebook".

Table 6: Frequency distribution of responses to the question “Do you use social media for professional guidance to patients?” (the sum of percentages exceeds 100, as some respondents gave more than one answer)

Question	Absolute number (n)	Relative share (%)
Do you use social media for professional guidance to patients?		
○ It is unprofessional to discuss treatment strategies via social media	83	42.60%
○ Yes, I communicate with patients on professional topics on Facebook	82	42.10%
○ Yes, I correspond with patients on professional topics in Viber	42	21.50%

Source: Authors’ research

The analysis of the relationship between the dentist's work experience and the doctor's choice for professional guidance of patients via social media found that such a relationship existed only among those with work experience of up to 3 years. The answer "It is not professional to discuss medical problems via social media" has a statistically significantly higher relative share than those of "Yes, I communicate with them on professional topics on Facebook" and "Yes, I correspond with them on Viber", which do not differ statistically from each other (Table 7).

Table 7: Analysis of the relationship between the dentist's work experience and the answers to the question “Do you use social media for professional guidance to patients?”

Work experience	Frequency	Answers to the question “Do you use social media for professional guidance to patients?”		
		Yes, I communicate with them on professional topics on Facebook	Yes, I correspond with them on Viber	It is unprofessional to discuss medical issues on social media
Up to 3 years	n	0	5	13
	%	0,0 ^a	6,1 ^a	15,7 ^b
From 4 to 10 years	n	15	21	18
	%	35,7 ^a	25,6 ^a	21,7 ^a
From 11 to 20 years	n	15	25	18
	%	35,7 ^a	30,5 ^a	21,7 ^a
Over 20 years	n	12	31	34
	%	28,6 ^a	37,8 ^a	41,0 ^a

* - the same letters on the horizontal lines mean the absence of a significant difference, and the different ones - the presence of such a difference (p<0.05)

Source: Authors’ research

4. DISCUSSION

Effective management of the communication process is a key element for the success of any dental practice. In the modern digital environment, traditional communication methods are complemented and often replaced by digital tools that optimize the flow of information both between specialists in the clinic and with patients. The study found that dentists are aware of the need for formality and tolerance of communication between the two entities: doctor - patient, in order to remain as authorities and leaders of the treatment process. A very high percentage (95.40%) of them declare that they prefer to connect with patients through the official telephone contact of the clinic. Society needs to realize that dentistry is a science of evidence and serious decisions, this is sufficient evidence for communication with the dental specialist to flow through official communication channels - direct telephone connection and email. Communication with patients through digital technologies can be perceived by patients as the dentist could treat them through the same technologies. However, 68.20% of dentists reported that they did not mind corresponding with patients on Viber.

A modern trend is for patients to approach the doctor with preconceived ideas based on information on the Internet. Authors describe their observations that the new generation, also called “millennials”, are impatient as patients. They are accustomed to mobile phones, ATMs, Internet banking and are inclined to a rapid pace of development of communication with the dentist, achieving their needs and personalized services related to everyday life “with a click of the mouse”. But at the same time, they want a fast, convenient and personalized approach to their health problems (Hartshorne, 2022). In today's electronic everyday life, the young generation often believes that communication even about important things can happen via social media (Facebook, Messenger, as followers on Instagram, TikTok and others).

The results show that 25.60% of dentists perceive communicating with patients via social media, but during the day. Regardless of the years of work experience (and therefore the chronological age of the dentists), they do not approve of communication with patients at all times. The data analysis found that the use of social media for professional consultation and communication with patients garnered 42.10% support, and the response "I correspond with them on Viber" was received by 21.50% of dentists. Most digital platforms and their possible communication channels (chats, voice messages, etc.), despite their convenience for patients, do not provide or guarantee the protection of data and medical information discussed. It is acceptable to discuss treatment plans, share X-rays, review medical history, and formally coordinate planning in a real clinical setting or in a portal created by the official authority for storing medical information, with encryption and limiting the level of access. Standard text messages are suitable for appointment reminders, confirmations, or general public health warnings (Taylor, 2025). Direct telephone dialogue is a good model for dealing with dental emergencies, but requires verification or personal knowledge of the patient's identity. It is not a good way to discuss sensitive financial and health information (Mocydlarz-Adamcewicz, 2021). Social media (private messages/comments) on platforms such as Instagram, Facebook or are unsecured and inappropriate for medical consultations between a patient and a dentist.

Another important point that can lead to miscommunication and vulnerability in relationships is the pressure on dentists to perform technically complex and difficult tasks within shorter hours, determined by the appointment schedule or their unilateral change (by the patients) (Jones, 2014). Appointments should not begin with unrealistic expectations and demands, because if one party is subjected to social stress (the patient), then the other (the dentist) is subjected to professional stress. There are no published statistics on the use of Viber by dentists to communicate with patients. However, studies indicate that approximately 40% to 60% of dentists use some form of messaging app (such as Viber, WhatsApp, or Messenger). Acosta et al. 2025 reported in their study that the majority of dentists (n=179, 67.5%) use social media in their practice, primarily for oral health promotion and education (n=191, 72.1%), for connecting with patients and colleagues (n=165, 62.3%), and for marketing (n=150, 56.6%). The highest percentages preferred Facebook (n=179, 67.5%) and YouTube (n=163, 61.5%) as platforms for clinical information.

While clinicians receive extensive training in diagnosis, treatment planning, and procedural skills, relatively less attention is paid to developing effective communication with patients, colleagues, and team members. Therefore, dental practitioners are obligated to educate themselves in effective patient communication skills.

5. CONCLUSION

Modern anthropology has proven that people are able to perceive only what they can and are willing to perceive. Therefore, communication between a dentist and a patient is a complex process, because it involves two participants with different positions and requirements for the other. The doctor must have developed skills to manage the communication process, to activate the patient to enter this process as an equal participant and to maintain the process in development with a positive outcome.

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