

Content analysis of practice promoting strategies used by dental clinics in Bengaluru city

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Abstract: For dental professionals in India, advertising has been a debatable issue, and the notion of using marketing strategies to promote a professional practice is relatively new. Despite the ethical rules prescribed by Dental Council of India in 2014 a number of practitioners ignore the code of ethics while advertising their practices. Many dentists feel that advertising is a necessary part of running a practice, and some of them argue that it has the potential to be beneficial. Therefore, the objective of the present study is to evaluate the practice promoting strategies used by various dental clinics in Bengaluru city. **Materials and Methods:** Dental clinics all over the Bengaluru city were analysed for practice promoting strategies based on size of sign boards, clinic logos, road side advertisements, leaflets, types of treatments done, professional skills, misleading degrees and use of words such as “teeth”, “painless treatment”, “bloodless treatment” etc, following which qualitative analysis was done to identify common themes used in advertising. **Results:** Sign boards were displayed larger in size than the recommendation laid by Dental Council of India which is of 3x2 feet size. Most of the clinics had mentioned about the type of treatments done and also the pictorial display of treatments. Many clinics had mentioned phone numbers and professional skills of dentist. **Conclusion:** Advertising may be a force for good, but it could also undermine the health care role of dentistry.

Key Words: Dental Clinics; Ethics; Advertisements; Marketing; Dentist

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I. Introduction

Advertising is a mean of communication with the users of a product or service. Advertising is always present, though people may not be aware of it. In today's world, advertising uses every possible media to get its message through. It does this via television, print (newspapers, magazines, journals etc), radio, press, internet, direct selling, hoardings, mailers, contests, sponsorships, posters, clothes, events, colours, sounds, visuals and even people (endorsements). The definition of advertising has always been mystified. The most reasonable definition gives that “Advertising includes those activities by which visual or oral messages are addressed to public for the purposes of informing them and influencing them either to buy merchandise or services or to act or be inclined favourably toward ideas, institutions, or person's features.”¹ For health professionals in India, advertising has traditionally been seen as a controversial issue, and the notion of using advertising to promote a professional practice is relatively new.² Advertising has become a part of the healthcare industry and dental profession holds a special position of trust within society. Ethics is a way to a disciplined practice.³ Ethics is defined as the moral principles that governs a person's behaviour or the conducting of an activity. In some countries, dentists have the right to advertise their practices within legal limits, but in India the rules against advertising by dentists are quite definite.²

In India, in exercise of the powers conferred by section 17A of the Dentist Act, 1948 (16 of 1948), the Dental Council of India (DCI) made regulations for laying down standards and the Revised Dentists (Code of Ethics) Regulations Act (2014) was passed with relaxation given to certain rules like size of the signboard.¹ Crowding of dentists in cities leads to unhealthy competitions and commercialization leading to the violation of code of conduct put forth by each state councils. Many dentists complain that industry competition has allowed a degree of commercialization to enter dentistry, which risks undermining the ethical standing of the profession. With passing time there has been a gradual decline in the moral values of workforce, with the majority of the work force concentrating on making money.⁴

Advertising otherwise is considered unethical as it may lower the dignity and honor bestowed on the profession, and furthermore, patients (and their families) experiencing health problems are often particularly vulnerable to persuasive influences, such as via unprofessional advertising.¹ The dichotomy between the dual role of the dentist as a health care provider and as a business entity is at the heart of the issue of advertising. Commercial goals sit at one end of the spectrum, while patient care and professional goals weigh in on the other side.² This study was therefore undertaken to assess the practice promoting strategies used by dental clinics in Bangalore city.

II. Material and Methods

2.1 Subjects and Methods: A content analysis of sign boards and advertisements in Bengaluru City was done with the aim to explore the practice promoting strategies used by dental clinics.

2.2 Study sample: A total of 510 photographs of sign boards and advertisements were collected from 8 zones of Bengaluru City. Figure 1 shows the principal roads of different locations of Bengaluru City covered during the study.

2.3 Inclusion criteria: Photographs of various types of sign boards and advertisements of dental clinics on Arterial (principal) roads of Bengaluru city.

2.4 Ethical clearance: Not applicable as human subjects were not involved.

2.5 Sampling tool: A digital camera was used to click the photographs of the sign boards and advertisements on principal roads of dental clinics in Bengaluru City.

2.6 Scheduling: The present study was conducted over a period of one month in December 2017 during evening hours 4 PM onwards till 9 PM. The schedule was designed allowing the flexibility to accommodate any foreseen circumstances.

2.7 Pilot study: A pilot study was done 2 days before the start of the study and 10 photographs were captured in order to check the feasibility and relevance of the prepared format. The sample for pilot study was not included in the main study.

2.8 Data analysis: Similar sign boards and advertisements were eliminated so that the final dataset comprised of single representation. Through qualitative analysis of contents of sign boards and advertisements of dental clinics, we identified and explored themes and description of what they revealed. Each photograph was coded for its visual details such as size, design context and content. Then the inferential meaning and main theme of each were identified. The advertisements were then divided in two main themes Attraction Strategies and Communicative Strategies which were further coded for their strongest and most likely sub categories. Next these codes were applied to the whole data set. The themes and their sub categories are depicted in Table 1.

III. Result

A content analysis of 510 photographs of sign boards and advertisements in Bengaluru City was done with the aim to explore the practice promoting strategies used by dental clinics. The two main themes derived from the study were Attraction Strategies and Communicative Strategies which were used by the dental practices. Further the main themes were subcategorized and explored.

3.1 Size of sign boards: Almost all the dental clinic sign boards were larger than required, and many of them had multiple boards of which some showed directions, and treatment availability.

3.2 Gimmicks: Some of the multi-practitioner clinics used attractive schemes like low cost treatments, free full mouth cleaning on first visit, free check-ups, and schemes like pay Rupee 1 take any treatment up to 1.5 lakhs etc.

3.3 Catchy clinic names: Almost all the clinics had quite interesting names that were attractive and conspicuous. For example – one stop, pearly whites, tooth comforts, cure and care, smile design and little smiles. Few clinics also had more caring names. Very few clinics had two names like dental one and winning smiles and also mentioned dental studio, dental spa, dental salon.

3.4 Semblance: Many clinics had pictures of children with braces, pictures of family smiling together, pictures of implants, root canal procedures, pictures of people with crown and dentures.

3.5 Established from: Very few clinics mentioned the year of their establishment.

3.6 Design of board/logos: Some of the clinics used catchy words like bridal makeovers, cosmetic treatment, tooth jewelry and invisible braces. A few of them used flashy logos of tooth, bright flashy colors of the sign boards.

3.7 Contact details: Almost all the dental clinics mentioned their contact numbers on the sign board. It included land-line numbers and mobile numbers. Only few multi-practitioner clinics had toll-free numbers. Quite a few dental clinics also mentioned email address along with the phone numbers. But websites were mentioned by mostly multi-practitioner clinics and a few private clinics.

3.8 Qualification: All the dental clinics mentioned the dentist's degrees as Bachelor of Dental Surgery (BDS) and Master of Dental Surgery (MDS). Few clinics also mentioned M.I.D.A, F.A.G.E, Oral Maxillofacial Plastic Surgeon, and Oral Physician.

3.9 Registration number: Karnataka State Dental Council under the Dental Council of India has been the licensing and registering authority for all the dentist willing to practice in Karnataka state. This study found very few clinics had the KSDC registration number mentioned on their boards.

3.10 Treatment available: Many of the dental clinics mentioned the type of treatments that were provided. Very few had pictures of before and after treatment and also mentioned availability of X-ray facility. Very few also had mentioned about hair transplant treatment, and painless laser dentistry.

3.11 Endorsements: Quite a few clinics had sign boards sponsored by of practo, Pepsodent and Sensodyne.

3.12 Doctors name: Almost all the dental clinics mentioned the name of the doctors on all the sign boards in clinics. Few were multi-practitioner dental clinics having a minimum of three names in the sign boards.

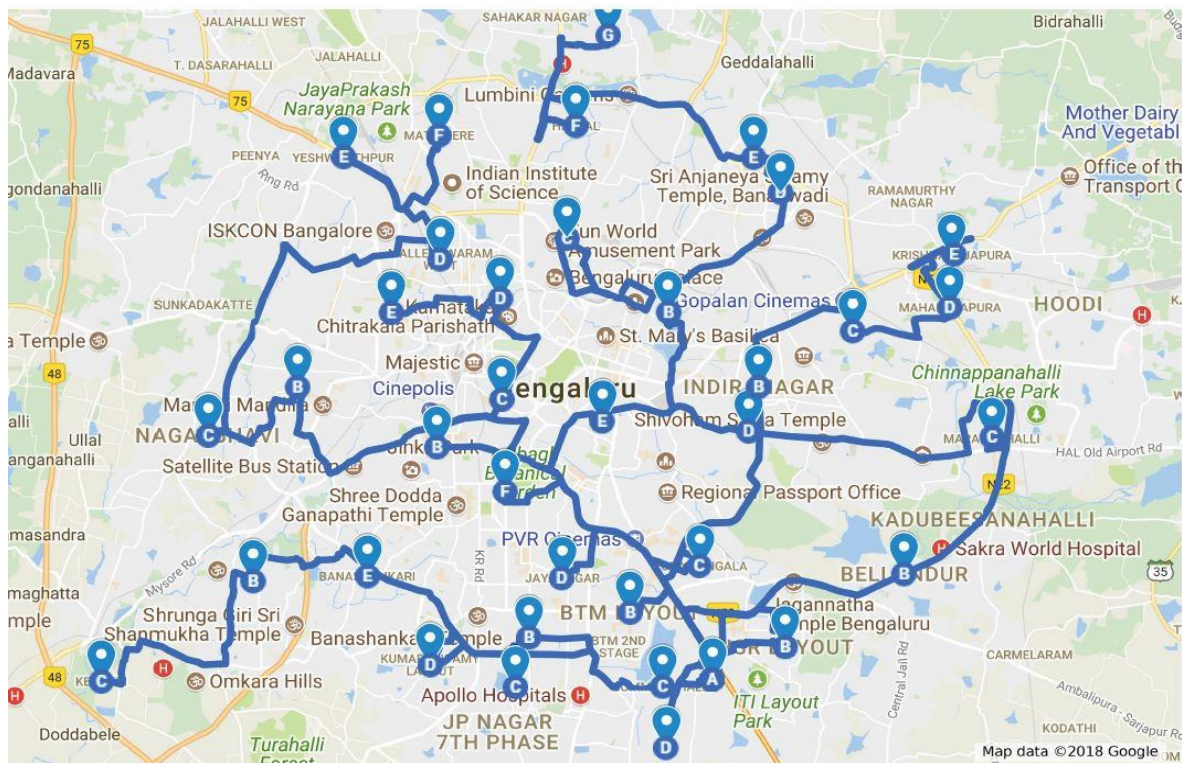


Figure 1: Depicts Geographical Information System (GIS) based mapping of places in all the 8 zones of Bengaluru City covered during the study.

ATTRACTION STRATEGIES	COMMUNICATIVE STRATEGIES
SIZE OF SIGN BOARDS	CONTACT DETAILS
GIMMICKS	QUALIFICATION
CATCHY CLINIC NAMES	REGISTRATION NUMBER
SEMBLANCE	TREATMENT AVAILABLE
ESTABLISHMENT YEAR	ENDORSEMENT
DESIGN OF BOARDS / LOGOS	DOTORS NAME

Table 1: Depicts the Main Themes and Sub Categories

IV. Discussion

The global position on the issue of Ethics of Advertisement by Dental/Medical professionals has drastically changed over the last few decades. A dentist can advertise provided he/she maintains decorum keeping in mind the high moral obligations and value the society places he/her work. In the present study most of the dental clinics have multiple and large sign boards, similar finding was also reported in a study done by Sabarinath B and Sivapathasundharam B which reported that more than half of the dental clinics boards ranged even more than 10x6 feet.⁵ The result of the later study was compared with the ethical guidelines of 1976 but recently in the year 2014 revised Code of Ethics has no mention of size of sign boards. But mentions not to use or exhibit any disproportionately large sign, other than a sign which in its character, position, size and wording is merely such as may reasonably be required to indicate to persons seeking the exact location of, and entrance to, the premises at which the dental practice is carried on, and nowhere else.⁶

In the present study many of the dental clinics mentioned the type of treatments that were provided. Also, availability of X-ray facility and hair transplant treatment were also mentioned. Naming the types of treatment and facilities are a good practice as it helps patients decide the professional and institution to choose. Many dental practices had indulged in demeaning solicitation by mentioning about painless laser dentistry, painless tooth extraction and bloodless treatment to name a few. Dental council of India in the revised code of ethics (2014) has put forward guidelines not to indulge in demeaning solicitation and false promises through advertisements or direct marketing of individuals. But this practice seems to be used mostly by practitioners.⁵ These types of advertisements lead to damage the decorum of the dental profession and create an atmosphere where an individual is treated as a customer rather than a patient.

Present study found that multi-practitioner clinics used attractive schemes like low cost treatments, free full mouth cleaning on first visit, free check-ups, and schemes like pay Rupee 1 take any treatment up to 1.5 lakhs etc. This makes the patient think that more the schemes more is the value for money he/she spends and sometimes the patients fall into the impression that they only need check-up and cleaning whereas neglects more other problems thinking that the dentist is trying to mint money. This practice also helps the dentists attract more patients.

Present study found that almost all the clinics had quite interesting names that were attractive and conspicuous, this practice might lead to a situation where rural people and those who have no or less education and require dental attention might not be able to understand the name. Sometimes it also affects the cognitive memory of patients helping them relate and refer the clinics or dentist to their friends and family.

Present study also found that many clinics had pictures of children with braces, pictures of family smiling together, pictures of implants, root canal procedures, pictures of people with crown and dentures. This has been a very good practice since very long when we come to attracting patients. Pictures have a great impact on visual memory as they are remembered better and for long.⁷ Present study also found that very few clinics mentioned the year of their establishment. This builds up confidence in the patients as it reflects the years of experience the dentist or organization has.

Present study found that some of the clinics used catchy words on their clinic boards like bridal makeovers, cosmetic treatment, tooth jewellery and invisible braces. The present generation youth are mostly attracted towards innovative and fashionable trends. This practice helps in attracting young patients giving them more confidence to their aesthetics. Few of the clinics used flashy logos of tooth, bright flashy colours of the sign boards so that they are more visible during evening hours.

Present study found that almost all the dental clinics mentioned their contact numbers on the sign board. It included land-line numbers and mobile numbers. Only few multi-practitioner clinics had toll-free numbers. Mentioning contact numbers makes the patient more accessible to the dentist. Quite a few dental clinics also mentioned email address along with the phone numbers which helps the patient communicate even when the dentist is not available at clinic. Websites were mentioned by mostly multi-practitioner clinics and a few private clinics which shows the discipline and commitment towards their profession. Present study found that all the dental clinics mentioned the dentist's degrees as Bachelor of Dental Surgery (BDS) or Master of Dental Surgery (MDS) in the concerned department. Mentioning the degrees as a BDS or MDS confers with the revised code of ethics 2014 and gives a meaning to the practice. This helps the patient to choose the right practitioner for him/her and also improves the knowledge of the patient regarding the practice of dentistry by various specialties.

Present study found that few clinics mentioned M.I.D.A, F.A.G.E, Oral Maxillofacial Plastic Surgeon, and Oral Physician. This doesn't confer with the revised code of ethics 2014 and the use of these unrecognized qualifications to show that they are more qualified to attract patients.⁶

Present study found that very few clinics had dentist's registration number mentioned on their boards. The revised dental (code of ethics) regulations has no mention to the registration number.⁶

In the present study few clinics had sign boards sponsored by of practo, Pepsodent and Sensodyne. These sign boards help in promoting the practice of the dentists and help patients communicate with the dentist via internet or preferred mobile application. Computers have improved our life to an unbelievable extent and internet is a boon when communication has to be made. The sponsors having websites and mobile applications help patients leave comments and review the dentist or organization. This has a positive aspect, providing comments and giving reviews helps other patients choose a dentist or a practice based on their requirements.

The limitations of the study were that the pictures were taken on the principal roads in different zones of Bengaluru city whereas, the city being vast the study might have missed out practices at other small streets. Given the fact that, type of practice and mode of promotion and strategies used differ from city to city and practitioner to practitioner hence this study cannot be generalized. Further quantitative research is needed to access the needs, views and reasons for adopting such strategies while promoting dental practices

V. Conclusion

A look at the realism of promoting a practice and the need to promote a dental practice is necessary. Without promoting, young doctors who have just started their practice might find it difficult to get patients since they will never know of their existence, skills, and expertise.

Promoting practice or advertising has a downside too. Advertising may cause practitioners to start treating their patients as clients or customers, rather than as patients. Unethical advertising is also neither appreciated nor condoned, but promoting practice as prescribed under the code of ethics gives a positive meaning to the profession. Dental Surgeons are expected to exhibit integrity, honesty, fidelity and selfless service, monetary commitments can only be secondary to the welfare of their patients.

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