Milieu in Dental School and Practice

Attitudes of Advanced Dental Education Students Toward Individuals with AIDS


Abstract: The number of patients with HIV/AIDS who receive dental care is increasing. This study was undertaken to gain a better understanding of the attitudes of dentists enrolled in postgraduate training toward AIDS and homosexuals. Each respondent received a 500-word patient case vignette and two scales for recording impressions of the person described in the vignette. There were four vignettes, identical except that the portrayed individual’s illness was identified as either AIDS or leukemia and sexual preference as either homosexual or heterosexual. Two-way analyses of variance and t tests (p<.05) revealed a bias toward individuals with AIDS and toward homosexuals. Respondents reacted more negatively to both groups on the Social Interaction Scale as seen in total scale scores as well as to individual scale items. In addition, although overall Prejudicial Evaluation Scale scores displayed no evidence of bias, several individual scale items did. It is important to ensure that dentists’ attitudes toward patients with AIDS and homosexuals are not a barrier to these patients receiving the best possible care. Therefore, dental education programs at all levels should give consideration to interventions to address provider attitudes and potential biases.

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It can be expected that the number of patients with HIV/AIDS who will receive dental care will continue to increase. Fortunately, dentists’ attitudes toward the treatment of these patients have improved in recent years. Nevertheless, the stigma associated with AIDS continues to be a barrier to care for many infected individuals. This should not be surprising inasmuch as the causes of this stigma include a fear of illness, contagion, and death. It is critical that dentists possess the skills to effectively treat patients with HIV/AIDS. Effective patient treatment includes both technical expertise and appropriate interpersonal skills. Related to the issue of dentists’ attitudes toward the treatment of patients with HIV/AIDS is the question of dentists’ attitudes toward homosexuals. Several reports since the inception of the AIDS crisis have highlighted a potential problem of homophobia among dentists, while a more recent report has been more positive. The role of dentists in meeting the health care needs of patients infected with HIV/AIDS is well recognized. Our study was undertaken to gain a better understanding of the attitudes of dentists participating in postgraduate training toward AIDS patients and homosexuals.

Methods

Study methods were identical to earlier studies that investigated whether dental faculty negatively stigmatize patients with AIDS and/or homosexual lifestyles. The sample included twenty Advanced Education in General Dentistry (AEGD) students and forty-three Advanced Specialty Education (ASE) students. The latter group included students receiving postgraduate training in Endodontics (n=9), Orthodontics (n=9), Pediatrics (n=10), Periodontics (n=7), and Prosthodontics (n=8). Anonymous questionnaires were administered during seminar sessions or returned via campus mail. Each respondent received a 500-word patient case vignette and two scales for recording impressions of
the person described in the vignette. There were four vignettes, identical except that the portrayed individual's illness was identified as either AIDS or leukemia and sexual preference as either homosexual or heterosexual. A complete description of the vignettes has been reported previously. The particular vignette received by each student was determined randomly. After reading the patient vignette, the respondents completed two scales designed to elicit their attitudes. The items on each of the scales were rated on a five-point Likert scale (disagree=1 to agree =5). The Prejudicial Evaluation Scale (PES) consisted of twelve items developed by Kelly et al. intended to assess prejudicial attitudes toward the portrayed patient. The Social Interaction Scale (SIS), also developed by Kelly et al., contained seven routine social/conversational interactions that might occur with the individual described in the vignette and measured the respondent's willingness to interact with him or her.

Responses to both scales were subjected to two-way analyses of variance (ANOVA) that examined differences associated with the patient's disease status (AIDS versus leukemia), sexual preference (heterosexual versus homosexual), and the interaction of sexual preference with disease status. Individual item differences were explored with t tests. ANOVA also was used to examine differences based on the respondent's gender and number of years of clinical-related experiences other than their prior or current formal dental undergraduate/postgraduate training. If significant differences were found, Tukey's HSD Test was used. Chi-square was used to analyze the response rates to the different vignettes. A p<0.05 was considered significant.

Results

A total of forty-five usable questionnaires were returned (AEGD, n=18; ASE, n=27) for a response rate of 71.4 percent (45/63). Respondents included fourteen female and thirty-one male students. There were no significant differences in response rates for the different vignettes (Chi-square 0.188, p>0.05).

Table 1 presents results of the ANOVA tests and the means and standard deviations for both scales based on the patient’s disease status and sexual preference. No differences in the respondents’ ratings on the PES as a total scale were noted based on the patient’s disease status, sexual preference, or the interaction between sexual preferences with disease type. Significant differences were noted, however, on several individual items related to sexual preference (Table 2), with respondents reacting more negatively to homosexuals. Respondents were more likely to believe that homosexuals as compared to heterosexuals were responsible for their illness, deserved what has happened, and were dangerous to other people. Additionally, one scale item was significantly associated with the patient’s disease status. The responses for this particular item indicated that subjects in this study were more likely to believe that patients with leukemia were more deserving of the best medical care possible than patients with AIDS.

Total scale scores on the SIS displayed significant differences based on the patient’s disease status and sexual preference, but not based on the interaction between sexual preference and disease status (Table 1). Respondents reacted more negatively to patients with AIDS and toward homosexu-
als. In addition, there were significant differences for several individual items on the SIS (Table 3) based on both the patient’s disease type and sexual preference, with respondents reacting more negatively to individuals with AIDS and toward homosexuals. Respondents reported that they were less willing to engage in conversation, attend a party, or work in an office with an individual with AIDS as compared to an individual with leukemia. Also, respondents reported that they were less likely to attend a party where a homosexual was preparing food and were less likely to continue a friendship and less likely to allow their children to visit the home of a homosexual.

The respondents’ scale scores also were examined for possible association with the respondent’s gender and number of years of clinical-related experiences they had other than their formal dental education experiences. No significant differences in ratings on either the PES or SIS were found relating to these factors.

### Discussion

The findings of this study should be interpreted with caution. Dentists receiving postgraduate training at only one dental school were surveyed; thus,
the generalizability of the findings to other postgraduate students or practicing dentists is unknown. It was disconcerting that a possible bias toward individuals with AIDS as well as toward homosexuals was evident. Respondents reacted more negatively to both groups on the SIS as seen in the total scale scores as well as to individual scale items. In addition, although overall PES scale scores displayed no evidence of bias toward individuals with AIDS or toward homosexuals, several individual scale items did display such biases.

It is important to note that evidence of bias toward AIDS and homosexuals was not pervasive. Differences reflected in mean scores between patients with AIDS versus leukemia or homosexuals versus heterosexuals were in all instances less than one point on a five-point Likert scale. Nevertheless, although there is evidence that dentists’ willingness to treat patients with AIDS has improved in recent years,2-6 at least among this group of respondents, evidence of some negativity remains. Direct surveys of dentists’ attitudes toward the treatment of AIDS patients2-6 are generally subject to potential bias associated with the tendency of the respondent to provide socially acceptable responses. This potential source of bias was mitigated in our study through the use of patient vignettes that included leukemia patients as well as AIDS patients and heterosexuals as well as homosexuals. This might at least partially explain the difference in bias toward AIDS patients and homosexuals evident in our study as compared to other reports.

The findings of potential homophobia among advanced dental education students in this study are consistent with a prior report that examined dental faculty attitudes at the same institution using the same instrument. However, faculty attitudes did not display the same degree of bias toward individuals with AIDS.13 Interestingly, undergraduate dental students at the same institution were found to be much less likely to exhibit negative attitudes toward both individuals with AIDS and homosexuals20 than were either the present advanced dental education students or the faculty in the previous study. The difference in attitudes between the advanced education students in our report and the prior dental student report may relate to previous educational experiences and different cultural norms. The majority of the postgraduate students received their undergraduate dental education training at other institutions that may not have placed as great an emphasis on preparing future dentists for the treatment of HIV/AIDS patients. Additionally, a large percentage of the respondents (approximately 20 percent of ASE residents and 30 percent of AEGD residents) were from foreign countries where attitudes toward patients with AIDS and homosexuals may differ from those found in the United States.

The AIDS epidemic is continuing to grow. Approximately 40 million individuals worldwide are living with HIV. Nearly five million people became infected in 2003, representing the largest yearly increase ever.21 In the United States, increasing numbers of HIV positive patients will be seeking dental care.1 It is important to ensure that practicing dentists’ attitudes toward these patients are not a barrier to their receiving the best possible care. Stigma associated with AIDS undermines efforts to fight the epidemic.22 Therefore, it is important to ensure that dental education programs at all levels give consideration to interventions to address provider attitudes and potential biases.7 Such efforts have demonstrated promise of success.23

REFERENCES

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