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MEDICAL UNIVERSITY OF SOUTH CAROLINA  
COLLEGE OF ALLIED HEALTH SCIENCES


Dental Advertising:  
A Survey of Practicing Dentists in  
South Carolina

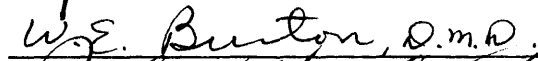
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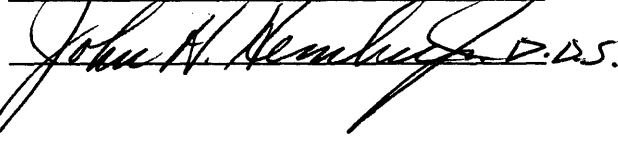
Francis M. Beylotte, Jr.

A Research Project submitted to the Graduate Faculty  
of the College of Allied Health Sciences  
in partial fulfillment of the requirements  
for the degree of Master in Health Sciences

Approved:

  
Chairperson





November 24, 1982

DENTAL ADVERTISING IN SOUTH CAROLINA:  
A SURVEY OF PRACTICING DENTISTS IN  
SOUTH CAROLINA

Francis M. Beylotte, Jr.  
Medical University of South Carolina  
1982

Chairperson: George A. Schmidt, Ph.D.

An advertising survey was conducted amongst the practicing dentists in South Carolina (1046) dentists. The survey consisted of three distinct parts. The first section contained specific demographic questions regarding a dentist's age, length of practice, the practice location, and the size of the community which the dentist serves. The second section consisted of an opinionnaire, in which, the dentist's attitude concerning the using of personal dental advertisements were evaluated. Through a third section, the number and percentage of responding dentists utilizing personal dental advertising, the type of advertisement being used, and the amount of monies being allocated for advertising were determined. A fifty-seven percent of response was calculated and through descriptive statistics an analysis of the survey results comparing the demographics with the opinionnaire was performed. These comparisons demonstrate that the South Carolina dentist still believes strongly in the traditional approaches to practice growth which do not include advertising.

## ACKNOWLEDGEMENTS

This research project was completed as a result of the joint efforts of my Advisory Committee. The author wishes to express sincere appreciation to my Chairman, George Schmidt for his patience and understanding during a particularly difficult period of my life.

Special thanks to the responding dentists for without them, there would be little research possible.

Particular gratitude to Ms. Betty Davis for her skills and her word processor. To Carol Lanchester, a thousand thank you's for your assistance in construction of the survey and tabulation of results. To Dr. Arthur Haisten for his advice and financial assistance.

## TABLE OF CONTENTS

	PAGE
ABSTRACT . . . . .	ii
ACKNOWLEDGEMENTS . . . . .	iii
LIST OF GRAPHS . . . . .	vi,vii
LIST OF TABLES . . . . .	viii
CHAPTER	
I. INTRODUCTION	9
A. DEFINITION OF ADVERTISEMENT	9
B. ADVERTISING'S RELATIONSHIP TO DENTISTRY	10
C. SIGNIFICANCE OF RESEARCH PROJECT	11
D. SPECIFIC AIMS OF RESEARCH PROJECT	13
II. REVIEW OF RELATED LITERATURE	15
A. ETIOLOGY - THE HISTORY OF PROFESSIONAL ADVERTISING	15
B. DENTAL ADVERTISING - A HISTORY AND REVIEW TO PRESENT OF THE ISSUES	21
III. METHODS AND PROCEDURES	31
A. SURVEY INSTRUMENT DESIGN	31
B. DESCRIPTION OF SUBJECT POPULATION	32
C. DESCRIPTION OF SURVEY	32
IV. PRESENTATION OF RESULTS	36
TEXT - DESCRIPTIVE STATISTICS FOR	
A. PART I	36
B. PART II	40
C. PART III	60
V. DISCUSSION OF RESULTS	68
A. COMPARISONS AND CONTRASTS THROUGH CROSS TABULATION	68

	PAGE
B. AN EVALUATION OF PART II VIA THE LMSR	81
C. CONCLUSIONS	84
APPENDIX	86
COPY OF SURVEY INSTRUMENT	87
BIBLIOGRAPHY AND SOURCE IDENTIFICATION	91

LIST OF GRAPHS

	PAGE
I. AGE OF RESPONDENT: FREQUENCY OF RESPONSE FOR EACH AGE GROUP AND DESCRIPTIVE STATISTICAL REPORT	37
II. THE NUMBER OF YEARS OF ACTIVE DENTAL PRACTICE FOR RESPONDENTS: FREQUENCY OF RESPONSES AND DESCRIPTIVE STATISTICAL REPORT	39
III. THE PRACTICE LOCATION OF RESPONDENTS: FREQUENCY OF RESPONSE FOR EACH AREA AND DESCRIPTIVE STATISTICAL REPORT	40
IV. THE RELATIVE COMMUNITY SIZE OF RESPONDENT'S PRACTICE AREA: FREQUENCY OF RESPONSE AND DESCRIPTIVE STATISTICAL REPORT	42
V. THE EFFECT THE RECESSION PERIOD (1981-82) HAS HAD ON A RESPONDENTS PRACTICE	43
VI. THE NUMBER OF RESPONSES AND DESCRIPTIVE STATISTICS RELATIVE TO A DENTIST'S RESPONSE TO THE STATEMENT: ADVERTISEMENTS HAVE NO PLACE IN DENTISTRY	46
VII. ...TO THE STATEMENT: ADVERTISEMENT ARE DETRIMENTAL TO DENTISTRY	47
VIII. ...TO THE STATEMENT: ADVERTISEMENTS REDUCE THE QUALITY OF CARE IN DENTISTRY	48
IX. ...TO THE STATEMENT: ADVERTISEMENTS SHOULD NOT QUOTE ROUTINE FEES	49
X. ...TO THE STATEMENT: ADVERTISEMENTS INTERFERE WITH THE PATIENT-DOCTOR RELATIONSHIP	50
IX. ...TO THE STATEMENT: ADVERTISEMENTS WILL LEAD TO THE DISINTEGRATION OF DENTISTRY	51

	PAGE
XII. ...TO THE STATEMENT: ADVERTISEMENTS HAVE A POSITIVE EFFECT ON DEMAND FOR DENTAL SERVICES	52
XIII. ...TO THE STATEMENT: DENTAL FEES SHOULD BE REGULATED BY THE FEDERAL TRADE COMMISSION	53
XIV. ...TO THE STATEMENT: ADVERTISING CREATES COMPETITION AND STABILIZES FEES	54
XV. ...TO THE STATEMENT: ADVERTISING IS A NECESSITY FOR FUTURE DENTISTS	55
XVI. ...TO THE STATEMENT: ADVERTISEMENTS ARE GENERALLY DONE IN GOOD TASTE.	56
XVII. ...TO THE STATEMENT: ADVERTISEMENTS ENHANCE THE PUBLIC'S OPINION OF DENTISTRY	57
XVIII. THE SEGMENT OF THE POPULATION TARGETED BY DENTAL ADVERTISEMENTS (FREQUENCY OF RESPONSES)	61
XIX. THE NUMBER OF RESPONSES REGARDING ADVERTISING'S IMPACT OF NON-SEEKERS OF DENTAL CARE	62
XX. ADVERTISEMENT UTILIZATION: FREQUENCY OF USE BY DENTISTS	65
XXI. RELATIVE AMOUNT OF MONIES SPENT ON ADVERTISING BY RESPONDING DENTISTS	66
XXII. RELATIVE AMOUNT OF MONIES ALLOCATED ON ADVERTISING BY RESPONDING DENTISTS	67



LIST OF TABLES

	PAGE
I. RESPONDENT AGREEMENT WITH UNFAVORABLE STATEMENTS IN PART II	58
II. RESPONDENT AGREEMENT WITH FAVORABLE STATEMENTS OF PART II	59
III. ADVERTISING CATEGORIES: FREQUENCY OF RESPONSE, AND PERCENTAGE OF DENTISTS UTILIZING PARTICULAR CATEGORY	63
IV. CROSS-TABULATION OF VARIANCE FOR AGE, YEARS PRACTICING DENTISTRY, AND COMMUNITY SIZE WITH THE STATEMENT: PERSONAL DENTAL ADVERTISEMENTS HAVE NO PLACE IN DENTISTRY	70
V. ...WITH THE STATEMENT: ADVERTISEMENTS REDUCE THE QUALITY OF CARE IN DENTISTRY	71
VI. ...WITH THE STATEMENT: ADVERTISEMENTS ARE DETRIMENTAL TO DENTISTRY	73
VII. ...WITH THE STATEMENT: ADVERTISEMENTS SHOULD NOT QUOTE ROUTINE FEES FOR SERVICES	74
VIII. ...WITH THE STATEMENT: ADVERTISEMENTS INTERFERE WITH THE PATIENT-DOCTOR RELATIONSHIP	76
IX. ...WITH THE STATEMENT: PERSONAL DENTAL ADVERTISEMENT WILL LEAD TO THE DISINTEGRATION OF DENTISTRY	77
X. RESPONDENTS PERCENTAGE OF AGREEMENT TO UNFAVORABLE STATEMENTS VIA THE LMSR	82
XI. RESPONDENTS PERCENTAGE OF DISAGREEMENT TO FAVORABLE STATMENTS VIA THE LMSR	84

## CHAPTER I

### INTRODUCTION

A June, 1977, Supreme Court of the United States decision to question the ethical codes of professionals may have a profound effect on the practice of dentistry in the future.<sup>1</sup> Since this ruling essentially lifts the traditional ban against professional advertising, the practicing dentist may ponder whether or not he should advertise. Furthermore, dentists will wonder what effect advertising will have on the public's demand for dental care, as well as, the direct effect on the perceived image of the dental profession. This study will attempt to gain the positive and adverse opinions on dental advertising from responses from a direct mail survey conducted of practicing dentists in South Carolina.

#### Definition of Advertising

When we consider the definition of advertisement, the multitude of media available for advertisement, and the relative infancy of the marketing of health care; it will become apparent that this newly "discovered" avenue

for increasing the public's awareness of dentistry will be complicated and controversial. Marketing experts define advertisement as any form of non-personal presentation and promotion of ideas, goods, and services by an identified sponsor.<sup>2</sup> There is no direct interaction between the consumer and the sponsor, therefore is be one-way communication from the marketer (advertising agent) to a mass of potential consumers. This essentially one-way communication will invariably assign certain functions to the advertising agent.

The most important goals of advertising are to inform, persuade, and educate consumers about available products, services, and ideas.<sup>3</sup> Dental consumers can become aware of what services are available from advertising dentists without actually having to visit the particular office. Through the advertising media, a dentist can disseminate information to the public concerning his practice. The media chosen will attempt through its content and format to persuade consumers to utilize the services offered within the advertisement. By actually advertising the services available, the advertising dentist can attempt to educate the public about dentistry and increase awareness of its necessity.

#### Advertising's Relationship to Dentistry

There are many advertising media available for the potential advertising dentist to consider. The size of

his community and the consumer market which he wishes to reach will determine if a community, local, or regional newspaper will be utilized. Certainly, radio and television will be scrutinized by the potential dentist-advertiser for efficiency and cost effectiveness. Additionally, direct mail advertising may be considered within the media possibilities for dentists. Dental advertisements will also depend on the audience to which the advertising dentist is directing his promotion. Of all the different types of selling or advertisement, personal selling by dentists should continue and flourish. The dentist will always be considered an integral part of the dental consumer's choosing of future dental services.

Marketing agencies may be consulted by the potential dental advertiser. Dentists, in general, have very little background in marketing strategies or practice promotion. The innovative dentist will consult experts to provide valuable advice and information concerning the dental market which the particular dentist would hopefully reach through advertisement. These weaknesses in consumer and marketing relationships will be significant for the present and future practicing dentist.

### Significance of Research Project

An advertising survey will need to describe problems inherent to advertising such as content and utilization of various medias and specific problems related to dental advertising. This profile may be significant to the practicing dentist in South Carolina. The advent of advertising and marketing of dental services will create a curiosity amongst dentists who question the ethics of, the effectiveness of an advertising campaign, and any necessity for advertisement within South Carolina's dental community. Questions relative to each of these factors are included within the scope of this research.

Dental practitioners have traditionally considered themselves separate from any responsibility for business development and growth. They have achieved practice growth through patient referrals, a good reputation, or a lack of competition. Certainly, a degree of competition has become apparent within the South Carolina dental community due to the influx of dentists from other states and the graduation of over fifty dentists per year at the Medical University of South Carolina, College of Dental Medicine. The significance of research directed toward gaining insight into this area is quite important to these future dentists, as well as, to the hundreds of dental practitioners who

have dedicated their lives and futures to the field of dentistry. Existing knowledge is scarce concerning the individual practitioner's impression of the changes occurring within their profession. The last decade in South Carolina has been the most dynamic in history with substantial changes in the average income of residents, overall population growth, increased public awareness of dental needs, and a greater proportion of dental insurance available to the consumer, have created a new market for the progressive dentist.

#### Specific Aims of Research Project

The specific aims of this research project are threefold:

1. To develop a demographic profile of the South Carolina Dental Community.
2. To determine the number and percent of dentists utilizing some form of marketing approach to dentistry.
3. To determine the dental community's perception of the effect marketing and advertising has had or may have on the practice of dentistry within South Carolina.

Regardless of any one dentist's opinion of the

advertising for dental patients by other practitioners, this practice will undoubtedly be an integral part of dentistry's future. Most dentists hope that moderation and truthful advertising will be practiced voluntarily. If these aspirations become a reality the dentist's image as an admired and respected professional will endure and be enhanced. It is important that we examine the history of dental advertising to assess the long and short term effects that the lifting of advertising prohibitions will have on the practice of dentistry.

## CHAPTER II

### REVIEW OF RELATED LITERATURE

#### Etiology: The History of Professional Advertising

Although this subject is of paramount importance to the field of dentistry, literature written concerning the changes resulting from advertising have been limited. Since the Supreme Court decision which allowed lawyers to advertise their routine fees, dentistry has gradually followed suit. Kolter and Conner, as early as January, 1977, discussed three significant forces that professional practitioners (i.e. doctors, dentists, and lawyers) will encounter if advertising bans were lifted:

1. They discussed a recent Supreme Court decision that minimum fee schedules violate antitrust laws and stated: "...Federal law requiring price competition is applicable to legal services". Justice Douglas stated that "for meaningful price competition the fees must be made known" rather than restrict them by anti-advertisement rules.



2. They discussed the possibility that bans against advertisement would soon be shattered. Consumers and clients expect to know the cost for services in this era of price comparison and competition. The traditional professional who relies on his credentials to justify his fee for services rendered is being highly scrutinized by colleagues and clients.
3. A discussion of the increased competition for services is a critical factor to today's profession. The influx of specialists and today's uncertain economy has increased the practice by professionals of soliciting for services and business.<sup>4</sup>

Kolter and Conner investigated and later theorized the degree to which professionals were prepared to consider marketing within their practices. They generally felt that most professionals were not equipped to cope with the forces that they would soon encounter due to essentially three barriers to professional marketing:

1. Most professionals do not discuss their

fees and consider themselves to be providers rather than businessmen. They consider any reference that economics motivates their careers as irreverent and promise to fight the commercialism of their practices.

2. Most professionals have voluntarily subjected themselves to the judgements of professionals' ethical codes. Their associations have instituted stringent articles or regulations prohibiting all types of advertisement. In most cases direct solicitation has been regarded as unethical by such codes.
3. Finally, due to the bans on advertising few professionals have shown interest in determining and understanding the role of marketing within their business environment.<sup>5</sup>

Bloom, in July, 1977, forecast that advertising could soon become a reality for professionals.<sup>6</sup> He suggested that:

"...if the introduction of advertising helps to promote increased competition in certain professions, and thereby more efficiency, lower fees for services with superior service, as the anti-trust

enforcement agencies predict it would, the public's feelings about professional advertising would be favorable. Marketers would be provided with persuasive evidence to refute those critics who claim that marketing and advertising are wasteful, costly, and anticompetitive".<sup>7</sup>

Conversely, he predicted that if advertising resulted in an increase in fees or a decrease in services that the public's image of advertising would not be favorable.<sup>8</sup> He further predicted that deceptive and misleading advertisement would arise with a resulting decrease in professional image and public esteem. Bloom divided the issues relevant to the forthcoming advertising dilemma for professionals into two categories:

1. Legal issues concerning whether present laws can be utilized to dissolve advertising prohibitions.
2. Welfare issues concerned with whether or not advertising will affect the professional's contribution to the social welfare.<sup>9</sup>

He discussed the various legal issues involved in demonstrating that prohibiting advertising by professionals is unfair to the public. First, that restrictions against advertising are restraints of trade that violate Section 1 of the Sherman Anti-trust Act. Secondly, restrictions prohibiting advertising by

professionals are unfair methods of competition that violate section 5 of the Federal Trade Commission Act. Thirdly, that restrictions against advertising by professionals are unfair acts or practices in commerce that also violate Section 5 of the Federal Trade Commission Act. Finally, arguments are surfacing that restrictions against advertising by professionals are violations of the First Amendment. Bloom further discusses the basic pro-advertising and anti-advertising arguments that are relative to the public's welfare. The pro-advertising argument emphasizes that advertising would reduce prices, increase the quality of professional services, and institute more efficient resource utilization by:

1. Providing clients and patients with inexpensive information about the attributes of professionals.
2. Allowing clients and patients to examine the attributes of significantly more professionals without increasing information search costs.
3. Making it more difficult for professionals to charge excessive prices (especially if there is price advertising) or to supply inferior quality services.
4. Stimulating professionals to compete more

vigorously with one another to provide the service attributes desired by clients and patients (i.e., lower prices, more convenient locations, better service).

5. Encouraging more professionals to specialize or to enter into group practices in order to improve productivity and lower their costs.<sup>10</sup>

The opponents of advertising, according to Bloom, profess that advertising is anti-competitive rather than pro-competitive. These opponents believe that:

1. The cost of advertising would be passed on to clients and patients, thereby increasing fees for service.
2. Advertising could create higher product differentiation barriers for entry into certain professions.
3. Economies of sale in advertising could create higher barriers to enter into certain professions. These economies could also provide an incentive for established firms or practices to merge or seek rapid growth. Thus, concentration could increase and the smaller practitioner could disappear in some

professions.

4. Price collusion in some professions could be facilitated by having prices listed in advertisements.
5. Deceptive and misleading advertising could become prevalent in many professions injuring both competitors and consumers.<sup>11</sup>

Dental Advertising - History and Review to Present of the Issues

The Supreme Court's June, 1977, decision to allow advertising by lawyers convinced medical and dental societies that advertising was imminent within their professions. The general counsel for the American Medical Association viewed the high court's decision as being applicable to physicians, as well as to lawyers.<sup>12</sup> The position of the American Dental Association (ADA) was similar to the American Medical Association's view. The A.D.A.'s assistant director for legal affairs, Bernard J. Conway stated that:

"The A.D.A. is taking the position that the Supreme Court's ruling applies to dentists. But we feel that it limits the dentists to certain kinds of advertising - the availability and cost of services. We also take the position that the court has limited advertising to the print media. Our interpretation is that dentists cannot make claims of quality or superiority, nor can they advertise at all on radio or television".<sup>13</sup>

The A.D.A. in essence condoned advertising but hoped for voluntary constraint by members and expected local and state societies to enforce the guidelines established. Any dentist who made statements interpreted as misleading or fraudulent would be judged by their constituents for proper disciplinary measures.

One of the front runners in interpretation of the Supreme Court's decision on professional ethical codes was the Board of Regents of the State of New York for professional regulation. The board decided that "advertising is not inherently unprofessional or misleading; it need not be detrimental to the quality of services provided; and it does not necessarily have an adverse impact on the economy"<sup>14</sup>. The Board felt that advertising should not be unrestricted and unregulated. Certainly, according to Lasky the Board of Regents should be allowed to impose "reasonable restrictions" on advertising.<sup>15</sup> Consequently, the Board of Regents established a set of guidelines for dentists which prohibited the dentists from advertising contrary to the interest of the public. Basically these rules prohibited:

1. Advertising which was considered deceptive, flamboyant, or fraudulent.
2. Advertising which demonstrated intimidation or pressure tactics.

3. Advertising via testimonials.
4. Advertising that guaranteed any service.
5. Advertising that offers discounts.
6. Advertising claims of professional superiority which can not be substantiated.

The Dental Society for the State of New York (DDSNY) later proposed a revised Code of Ethics that followed the Board of Regents guidelines. The DSSNY's actual position on advertising was stated by Edward J. Downes at a hearing of the New York State Senate Education Committee: "The dental profession believes the public has the right to know. But we further believe that the public's right to know does not nullify the government's responsibility to protect".<sup>16</sup> Dr. Downes continued his statements with the DSSNY's additions to the Board of Regents guidelines. He listed the following priorities for the regulation of advertising:

1. Assumed name advertising should require the name, license number, and professional degree of only the practitioner who will be performing treatment.
2. Mutual advertising by professional offices is misleading and should be restricted.



3. Dental services usually require a considerable period of time to complete, and we believe that an advertised dental fee should be enforced by a 180-day period.
4. The fraudulent practice of filing a dental insurance claim at higher fees than those quoted within an advertisement should be enforced with severe penalties.
5. Any form of "bait and switch" advertising should be enforced with severe penalties.
6. Professional advertising that includes statement - "fees subject to change without notice" should be illegal.
7. Space, type, and contents of ads should be standardized. The public will then be able to make judgements and comparisons on fee scales, locations, etc. and not on flamboyant and confusing ads.<sup>17</sup>

Lasky's question was the obvious one asked by the dental profession, "Are the restrictions upon advertising proposed by DSSNY reasonable and, therefore, permissible under the constitution?"<sup>18</sup> This question and others concerning enforcement, jurisdiction, and regulation promise continuous legal intervention, as the

dental profession attempts to endure this impingement on the traditional dental setting.<sup>19</sup>

Dr. Robert J. Nelson stated in a paper he presented to the American College of Dentists in September 1978, that:

"the practitioner who advertises cancels his professional standing for the reason that advertising is the hallmark of trade and commerce. The nature of the profession does not include such commercial trappings. Those who wander away from the guidelines of professional ethics are properly regarded as engaging in commerce. They should be removed from the profession and then like industry and commerce, be monitored very closely by an appropriate government agency such as the FTC for the protection of the public".<sup>20</sup>

Dr. Nelson stressed the great and unique value of ethical codes within professions to define the appropriate professional conduct for its members.

Dr. Ernest Besch describes the situation and his sentiments in another way in his address to the American College of Dentists in Dallas in 1979. He stated: "whatever our personal view on the matter it is now the law of the land. But, the law does not say we must advertise or that we cannot support ethical forms of advertising. Here we have the opportunity, if we will take it, to turn this to our advantage rather than view it as a threat. Efforts in this regard should be

actively explored and evaluated".<sup>21</sup>

Traditionalists within the dental profession were unable to convince the opportunistic dentist, who saw advertising as a means to practice growth, that advertising was wrong. Most dentists, who advertised, found direct mail, newspaper, and radio to be an excellent means to reach the public regarding the dental care which was available within their practices. Irwin Braun, president of several advertising and communications firms examined what he felt was dentistry's policy of indifference in regard to educating the public about the quality of dental care. He discussed three areas of interest concerning this theory of indifference:

1. Available statistics on the state of dental health in America today are practically non-existent. He inquired directly to the American Dental Association and the Department of Health, Education, and Welfare and found the most detailed recent survey to be 1962.
2. A study by the Connecticut Citizen's Action Group that found evidence that some dental care was of poor quality. The group cited five different studies and concluded that consumers placed an

unnecessary amount of confidence in the assumption- that every dentist provides quality care.

3. Most attempts at educating and informing the public about good dental care have not been successful. He cited the dissolution of the American Society for Preventive Dentistry as evidence.<sup>22</sup>

Obviously, a professional advertiser should have knowledge of the consumer market and the skills needed to promote business growth. Braun's article written in October, 1978, described the various media available to dentists and their justification for choosing a particular medium. The years of patient unawareness of quality and price for services were ending. Professional advertising consultants have profitted from the dentist's lack of expertise within the new dental market place that previously had been restricted from price comparison and advertisement.

During this period of change the advertising and retailing of dental services has flourished. Conventional dentistry has begun to witness the evolution of supermarket dentistry. Skeptics wondered if the traditional dental office - "the last of the cottage health care delivery systems" - would crumble under the pressures exerted by large dental retailers

and the waves of mass commercialism of dental services.<sup>23</sup> In June, 1979 approximately five percent of practicing dentists were advertising with their obvious restraint a result of a lack of legal precedence sanctioning advertising.<sup>24</sup> Later that year, the U.S. district court in Louisiana ruled that prohibition of advertising was unconstitutional.<sup>25</sup> This decision created a legal precedent for other states, therefore allowing dental retailers freedom to continue advertising and to expand their approaches to the marketing of dental services.

The retailing of services depends on a market for the services being offered and consumers willing to compare prices. A market for price comparison and available consumers is present to the advertising dentist, since approximately sixty percent of the population does not visit the dentist regularly.<sup>26</sup> The American dental consumer has become price conscious due to continuing inflation, as well as, the sudden appearance of price competition between practicing dentists. Additionally, the dental advertiser has marketed convenience in terms of office hours and office location. These aspects of the dental retailing movement have been particularly appealing to those patients who have never been able to visit a dentist regularly. Some observers believe that this convenience

factor was a positive contribution by the retail dentist, in that these offices and their advertisement were constant reminders to the public about dentistry and its importance.<sup>27</sup> Waldman in June, 1980, seemed to agree with these assumptions when he stated "that segments of the population formerly unable to secure dental care because of cost and/or inconvenience will now be served".<sup>28</sup> He further contends that the wholesale advertising and marketing of dental fees, as general information is alarming to many practitioners.<sup>29</sup> The uncontrolled publicity by dentists of self-proclaimed expertise, vague services available for the dental office, and fee schedules which contain the fees "subject to change" language within advertisements are further reasons for alarm.<sup>30</sup> These assumptions are based on his belief that two different approaches to dental care have developed: first, the continuation of individualized private practice for those able to afford it and interested in this traditional delivery of dental service, and secondly the remainder of the population who require dental care.<sup>31</sup> Labelle agreed in substance with Waldman's contentions in an interview in August, 1979, when he stated that "dental franchisers and advertisers are going to fulfill a need for people who seek temporary or patchwork dentistry, but that there is a large segment of the population that wants high

quality, superior service dentistry so any changes that occur will probable be gradual.<sup>11</sup>

Clearly any change in the traditional approach to dental practice has been controversial and complex. The American Dental Association's Council on Bylaws and Judicial Affairs decided in May, 1981, to issue the following dictum concerning advertising: "although any dentist may advertise, no dentist shall advertise or solicit patients in any form of communication in a manner that is false or misleading in any material respect".<sup>33</sup> Although dentists had been practicing advertising for almost four years the ADA's code of ethics finally recognized and defined the association's position.

Gero and Cohen have written an excellent article for dentists who decide to proceed with an advertising program.<sup>34</sup> The article includes mapping market strategy, budget determination, media options, and description of the market. Aguiar, a director of a graduate marketing program, asks dentists the question: "Are you marketing your practice effectively?"<sup>35</sup> It is clearly a question to be considered by the practicing dentist regardless of his views about dental advertising.

## CHAPTER III.

### METHODS AND PROCEDURES

#### Survey Instrument Design

A direct mail questionnaire survey was chosen for compiling information, in order to readily include the maximum number of dentists at relatively low cost. A closed form questionnaire was utilized which consisted of a list of concrete questions and a choice of possible answers. It is imperative that listed alternative answers are not placed in an order that leads respondents to give answers that do not accurately express their ideas. Proper precautions were taken in constructing the questionnaire so that these weaknesses could be limited. For example, items on a checklist were randomized. The yes and no questions include a third choice (i.e., undecided, do not know, no opinion). Additionally, blanks were placed in those questions in which a respondent might wish to clarify, amplify or qualify his answer. A structured questionnaire facilitated the process of tabulation and analysis of



responses which was critical to meet the desired completion date for this project.

#### Description of Subject Population

The survey was conducted beginning June 30, 1982 amongst licensed actively practicing dentists in South Carolina. The population was defined by the South Carolina State Board of Dentistry through the state office of statistics and Human Resources (1,046 dentists). The survey results are confidential, but a summary of the study is available, upon request, to respondents.

#### Description of Survey

The survey consisted of three distinct parts. Part I of the survey contained questions of a demographic nature (age, location, size of community, and the number of hours actively practicing). Additionally, several structured questions concerned with the economics of each practice were included as a prelude to Part II and Part III of the survey which dealt directly with the subject of advertising. The demographic data in Part I has been correlated with the responses that were received from Parts II and III to form a profile. The data was tabulated using the Statistical Package for the Social Sciences (SPSS) and stored on magnetic tape for ease of processing.

Part II of the survey instrument was designed as an opinionnaire or attitude scale. A list of statements was devised that apply to dental advertising. The particular method utilized, termed the Likert Method of Summated Ratings (LMSR), consisted of listing these statements randomly. It was important that the statements express definite favorableness or unfavorableness to a particular point of view (i.e. Advertising has no place in dentistry). The advantage of this technique is that it can be used to measure opinion in an area of controversy. An equal number of favorable and unfavorable statements were constructed. Starting with a particular point of view, all statements favoring that position would be scored:

	<u>Scale Value</u>
a. Strongly agree	5
b. Agree	4
c. Not sure	3
d. Disagree	2
e. Strongly disagree	1

For statements opposing a particular point of view, the items would be scored in the opposite order:

	<u>Scale</u> <u>Value</u>
a. Strongly agree	1
b. Agree	2
c. Not sure	3
d. Disagree	4
e. Strongly disagree	5

The scores obtained on all of the items are a measure of a respondent's favorableness towards a given point of view, in this case dental advertising. For example, the opinionnaire consists of twelve statements or items, hence the following score values will be revealed for each statement utilizing this method of measurement.

12 x 5 = 60                      Most favorable response possible

12 x 3 = 36                      Neutral attitude

12 x 1 = 12                      Most unfavorable attitude

The scores for an individual will fall between 12 and 60 scores above 36, tended to be favorable, and below 36, if opinions tended to be unfavorable to a given point of view.

Part III of this survey consists of questions concerning the actual practice of advertising, the expense involved, the frequency of advertisement, and amount of monies allocated by advertising dentists. It was not answered by a respondent who does not participate in dental advertising. This portion of the

survey was constructed to secure information about the advertising dentist, as well as, to determine the percent of respondents who do market their dental services through an advertising media service.

## CHAPTER IV

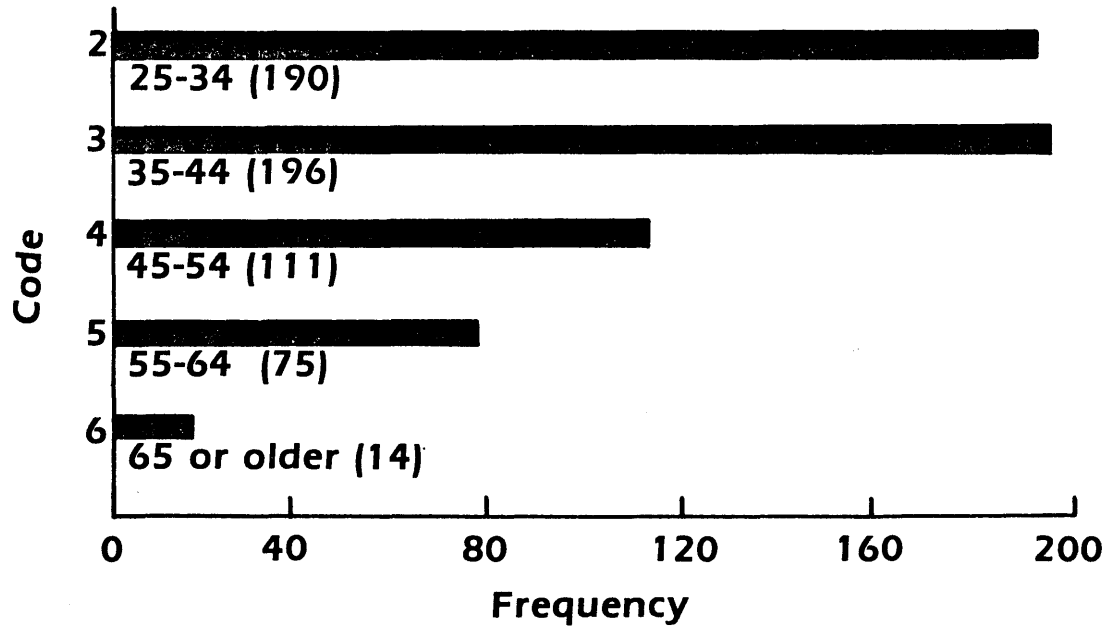
### PRESENTATION OF RESULTS

#### Part I - Demographics

After examination of the directory of dentists registered within the state according to the Bureau of Statistics and the South Carolina State Board of Dentistry, it was determined that there were 1046 actively practicing dentists in South Carolina. Each dentists was mailed a survey as contained in the Appendix, of that number, 586 responses were returned (56.2 percent). The demographic data was recorded and a descriptive statistical analysis performed.

Graph I represents the average age of the respondents (39.1) and denotes the frequency of response according to age groups with descriptive statistics below each graph. Additionally, each dentist responded to the category: number of years in dental practice. The average number of years practicing dentistry for a respondent was 10 years. Considering the predental education of four years, a dental education of four years, and residencies or armed service experience, a responding dentist probably began his practice in his

**Graph I Age of Respondents**



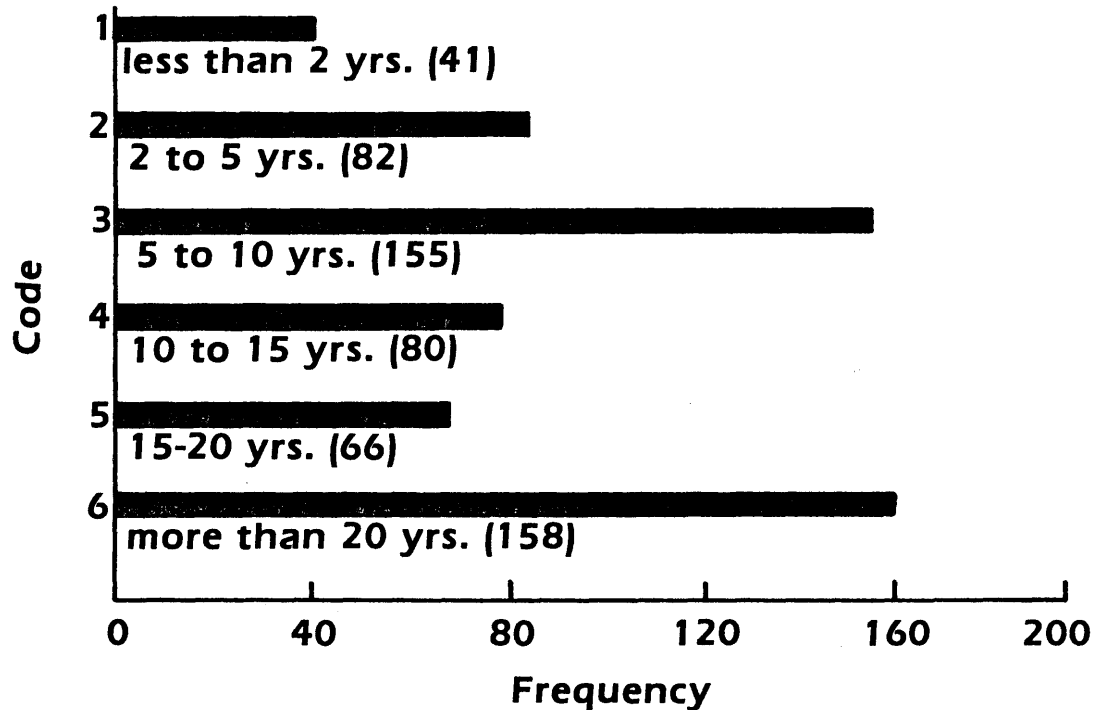
**Mean 3.193 Mode 3.000 Median 3.026**

late twenties or early thirties. Graph II represents the number of years in practice for the responding dentists and denotes the frequency within six predetermined groupings. (i.e: less than two years, ... greater than 20 years).

Each respondent was asked the number of hours per week that he practiced dentistry. This particular category represents the degree of activity within a dental practice. The respondents average working week was approximately 36 hours. This mean number of hours practicing dentistry is representative of a four and one-half day working week within a general practice. A maximum of sixty hours per week was reported by a specialist, whereas several respondents within part time practices reported only practicing seven hours per week.

Two categories were grouped together within the survey to determine the practice setting of a respondent. Each dentist was asked whether he considered his practice to be urban, rural, or combination. Under this category, 376 or 65% of the respondents felt their practice was rural in nature, 138 or 23% considered their practices urban and 13% were categorized as a combination of urban and rural (multiple practice locations). Graph III is a representation of the responding dentists practice locale. Closely associated with practice location was

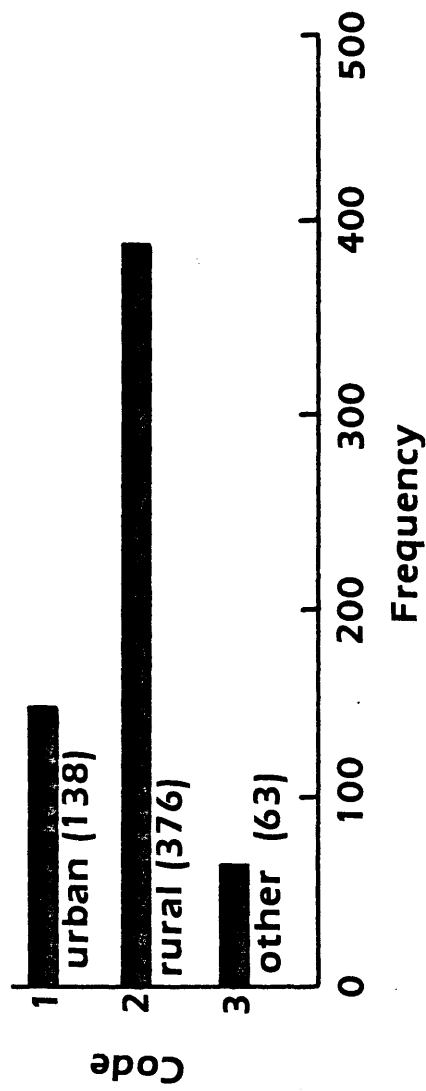
**Graph II The Number of Years of Practicing Dentistry  
of Respondents**



**Mean 3.897 Mode 6.000 Median 3.662**



**Graph III Practice Location of Respondents**

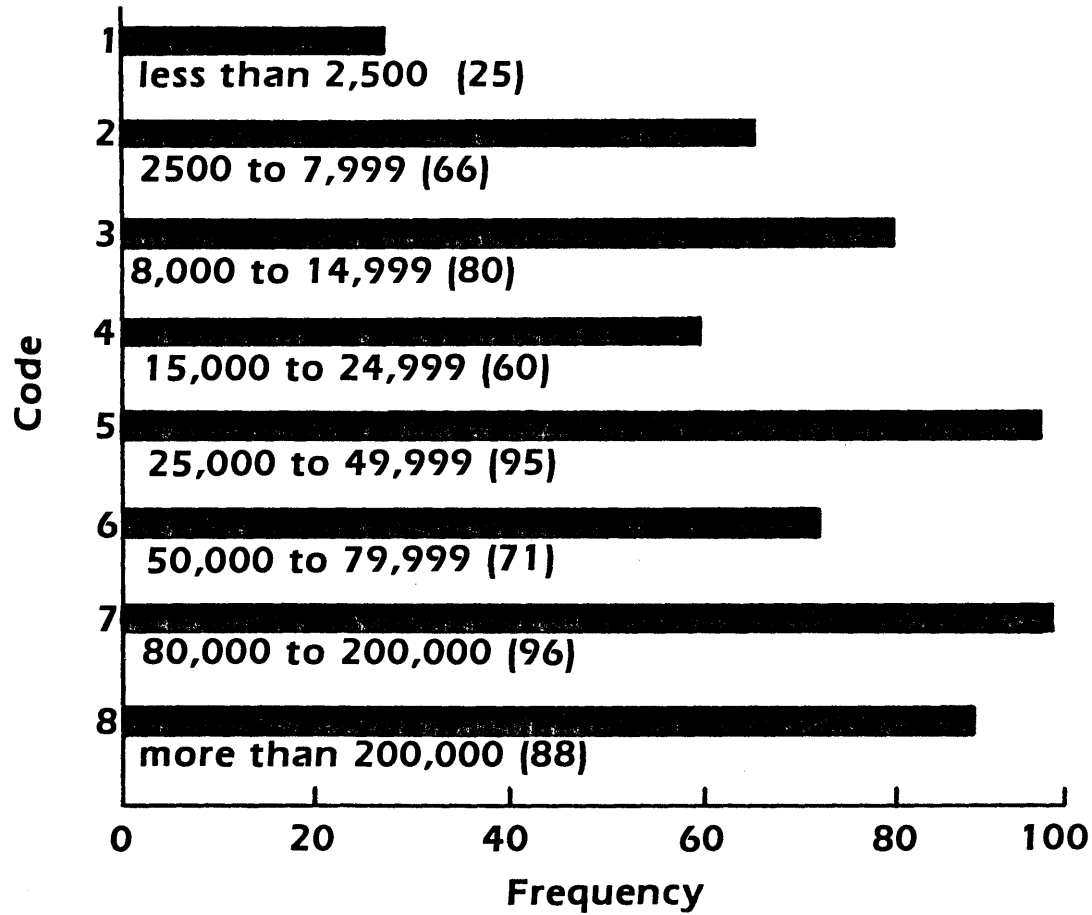


**Mean 1.87 Mode 2.000 Medium 1.900**

the category in which the dentist specified the approximate size of the community which his practice serves. The average size community served by a respondent was calculated to be approximately 50,000. The questionnaire was constructed so that the dentist could specify his range of service from less than 2500 to a community greater than 200,000. There were a wide range of responses within this category, indicative of the rural nature of South Carolina. This range created a diverse group of respondents and a variety of opinions regarding the advertising issue. Graph IV represents the approximate size of each community and the relative frequency of return according to community size.

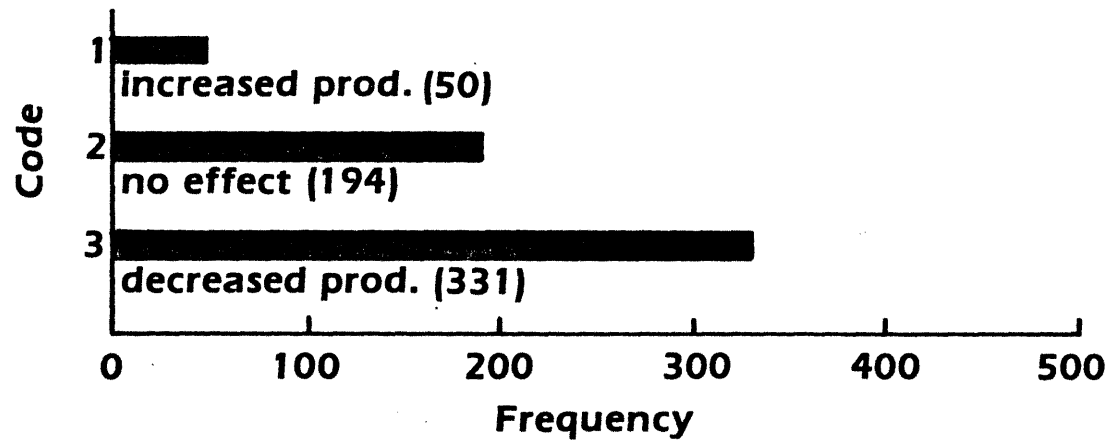
In order to gain some insight into the type of dental practice a respondent had, as well as, the effect the recession period of 1981-82 has had on their practices each dentist was queried about practice growth and payment for services. Graph V depicts the relative percentage of response concerning the effect the recession period has had on the dentist's actual production. There were only 50 dentists or 9% of the respondents who reported an increase within this category. Furthermore, 31 of these 50 had been in practice less than 10 years. This examination of the responses reveals that only 19 of the responding dentists had experienced an increase in growth within

**Graph IV The Community Size of Respondents**



**Mean 5.015 Mode 7.000 Median 5.126**

**Graph V The Recession's Effect on Respondents  
Practice Production**



**Mean 2.489 Mode 3.000 Medium 2.631**

their established practices during the previous two years. For the purposes of this survey, an established practice is one in which the dentist has practiced for more than ten years. To determine further information about the type of practice a dentist had, he was asked to estimate the amount of monies contributed through third party insurance coverage to his gross revenue. The mean percent of third party participation calculated for respondents was 49% of collections. The maximum amount of insurance collection was reported by a specialist at 95% of revenues. The minimum reported by a part time practitioner was 2%. These figures indicate that without third party reimbursements the responding dentist would have even greater decreases in production than those reported. Insurance coverage for dental services has essentially created a new market for the practicing dentists. Patients who would not routinely visit a dentist or seek restorative care can now seek care with aid from their insurance carriers. Although insignificant results were attained from these two questions for the purposes of the research survey the writer included them to fulfill his own professional curiosity.

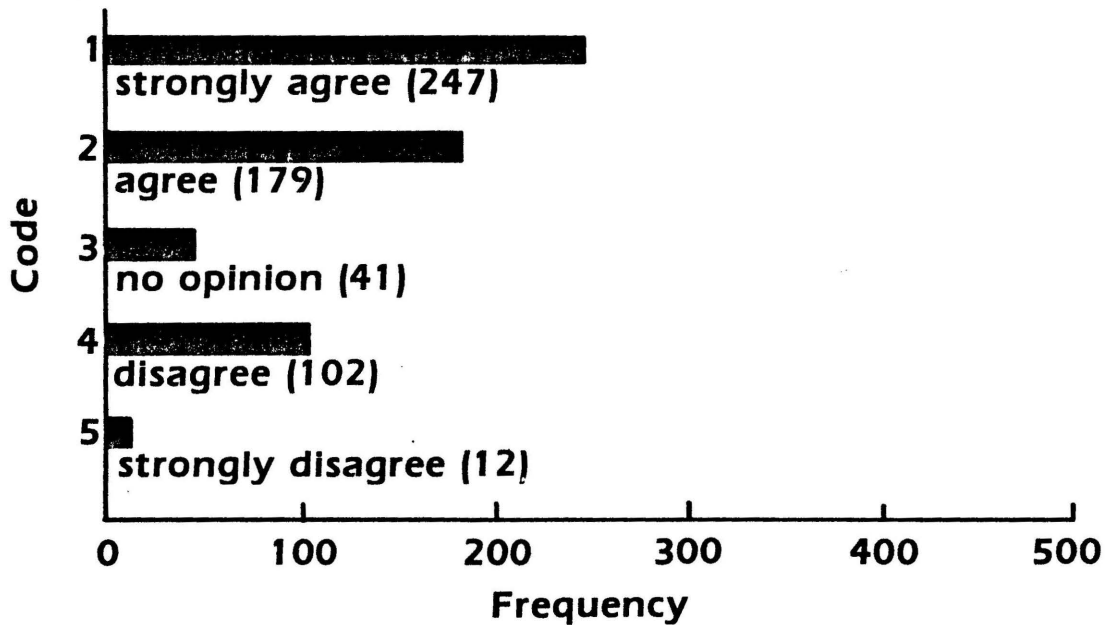
## Part II - Opinionnaire

This section of the survey consisted of twelve

statements which dealt with the subject of personal dental advertisements. A respondent had to decide if he strongly agreed, agreed, had no opinion, disagreed, or strongly disagreed with each statement. An equal number of favorable and unfavorable statements were randomly listed. Graphs VI - XVII depict the responding dentists relative favorable or unfavorableness concerning each statement. Below each graph are representative descriptive statistics for each statement.

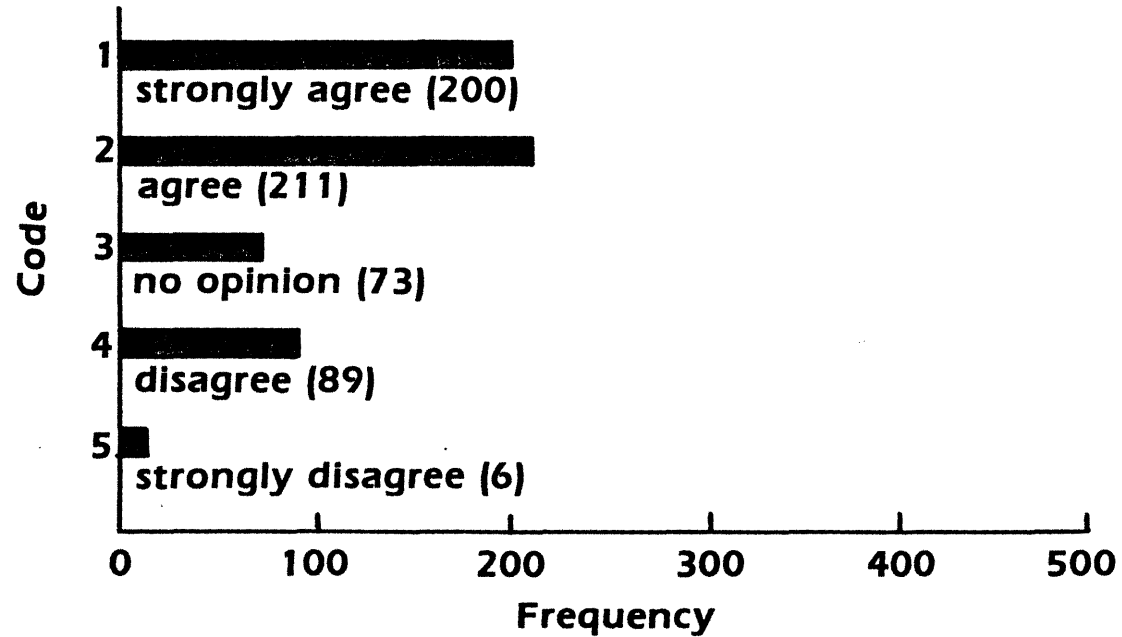
The statements considered to be unfavorable are presented in Table I and discussed first. Beside each statement is the number of respondents who tended to agree (strongly agree, plus agree) with the particular statement, and the percent who agreed in comparison to the total responding population.

**Graph VI Advertisements Have No Place  
in Dentistry**



**Median 2.059 Mode 1.000 Median 1.743**

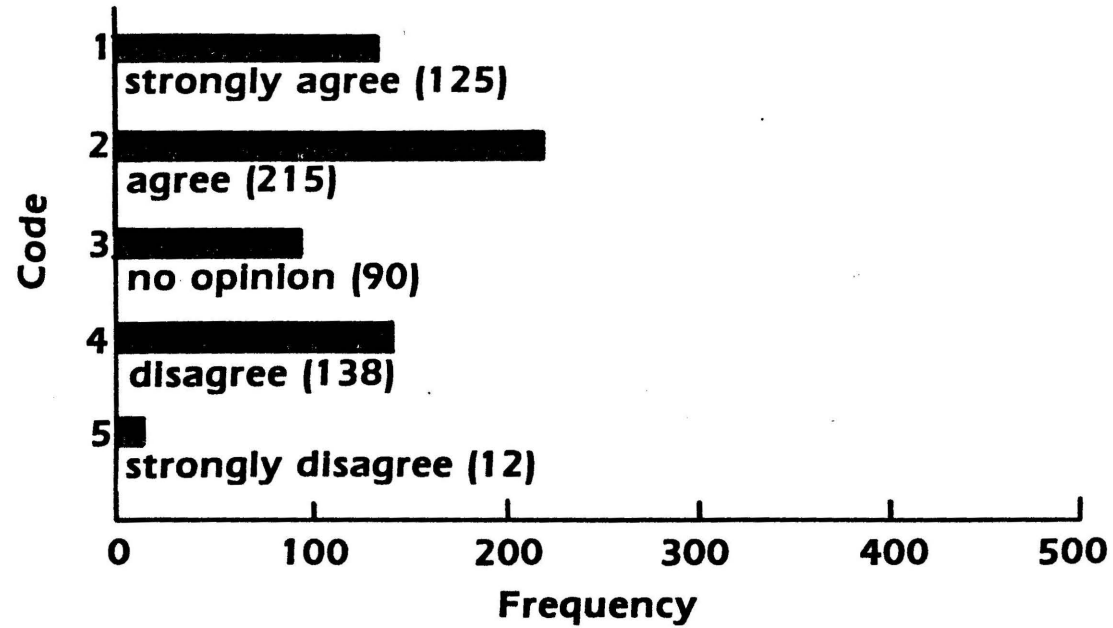
**Graph VII Advertisements Are Detrimental to Dentistry**



**Mean 2.119 Mode 2.000 Median 1.924**

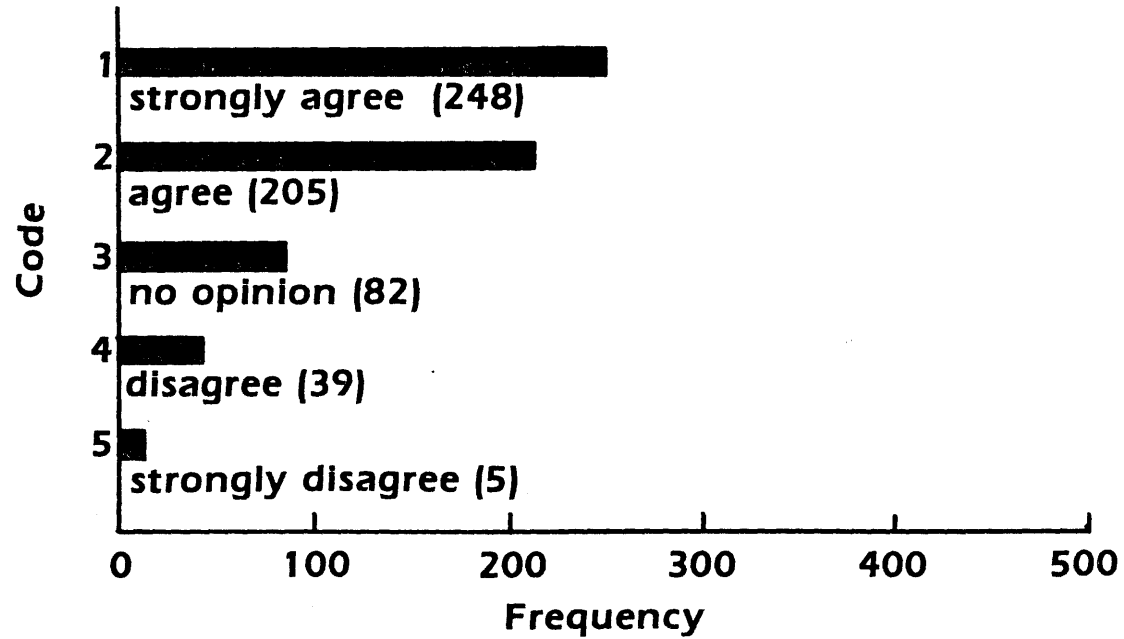


**Graph VIII Advertisements Reduce the Quality of Dental Care**



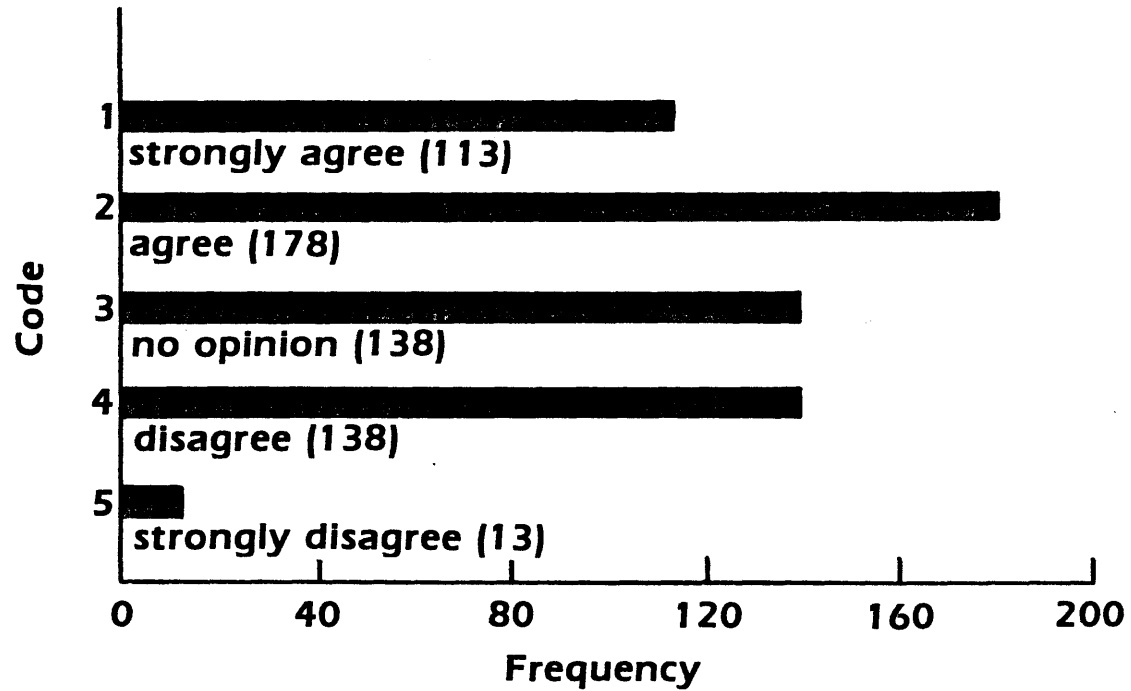
**Mean 2.478 Mode 2.000 Median 2.267**

**Graph IX Advertisements Should Not Quote Fees**



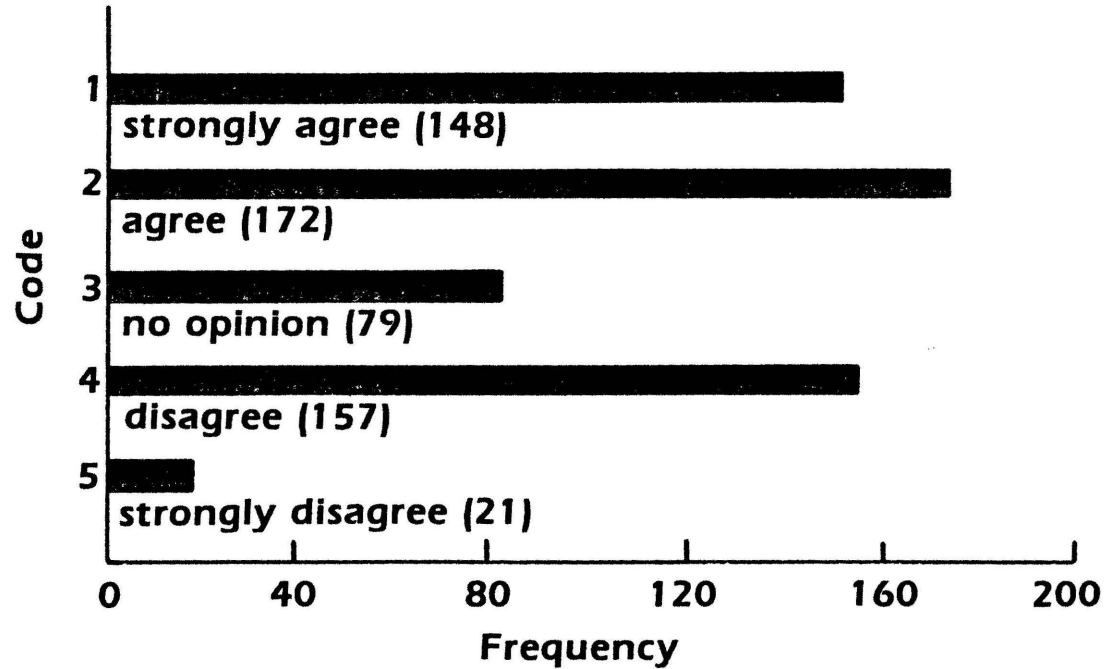
**Mean 1.874 Mode 1.000 Median 1.702**

**Graph X Advertisements Interfere with Doctor/Patient Relationship**



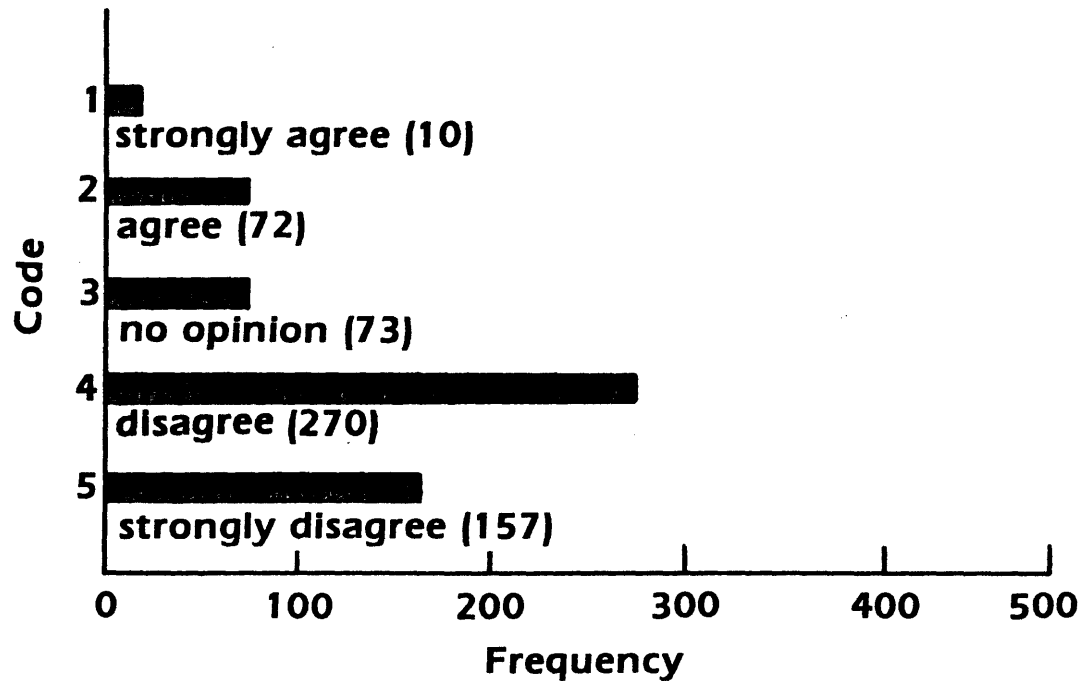
**Mean 2.586 Mode 2.000 Median 2.494**

**Graph XI Advertisements Will Lead to the Disintegration  
of the Dental Profession**



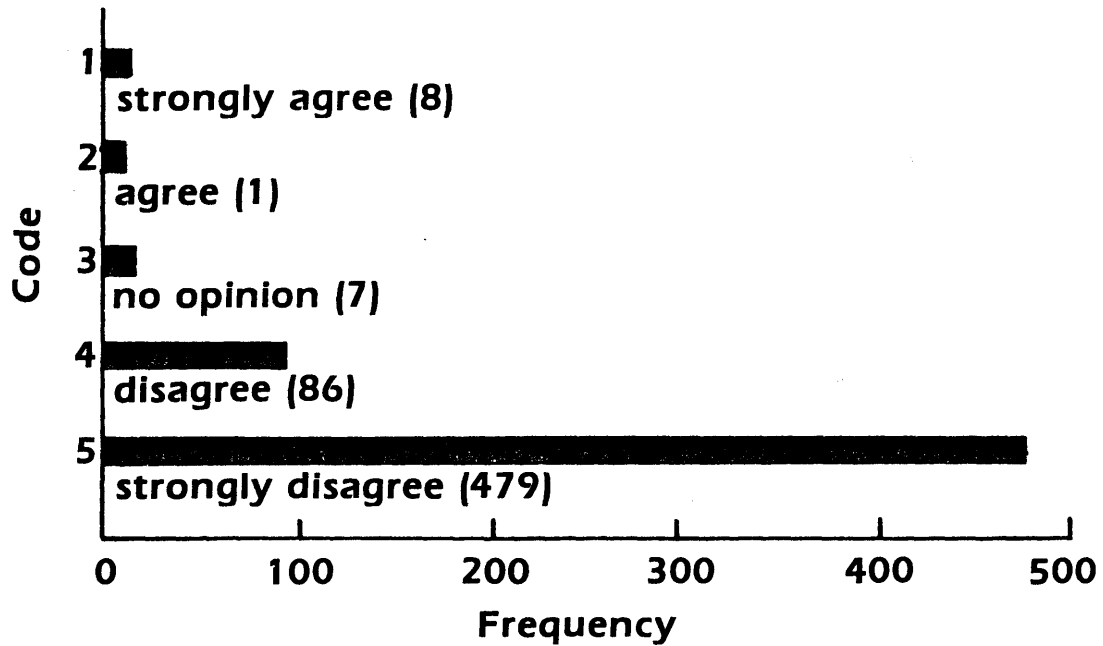
**Mean 2.534 Mode 2.000 Median 2.317**

**Graph XII Advertisements Have a Positive Effect  
on Demand**



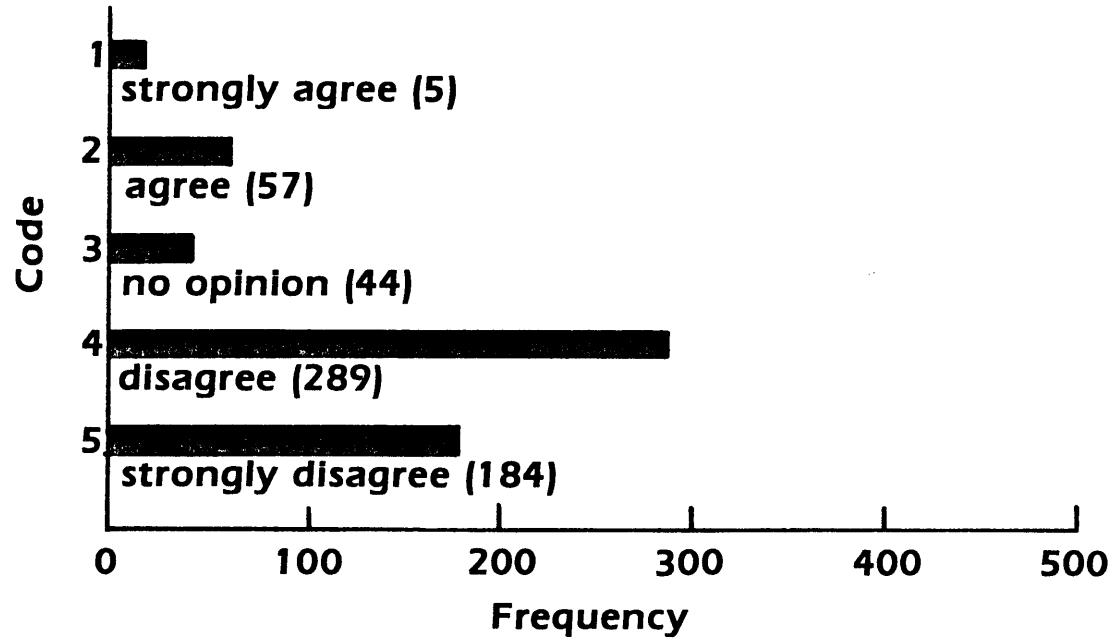
**Mean 3.845 Mode 4.000 Medium 4.004**

**Graph XIII The FTC Should Regulate Dental Fees**



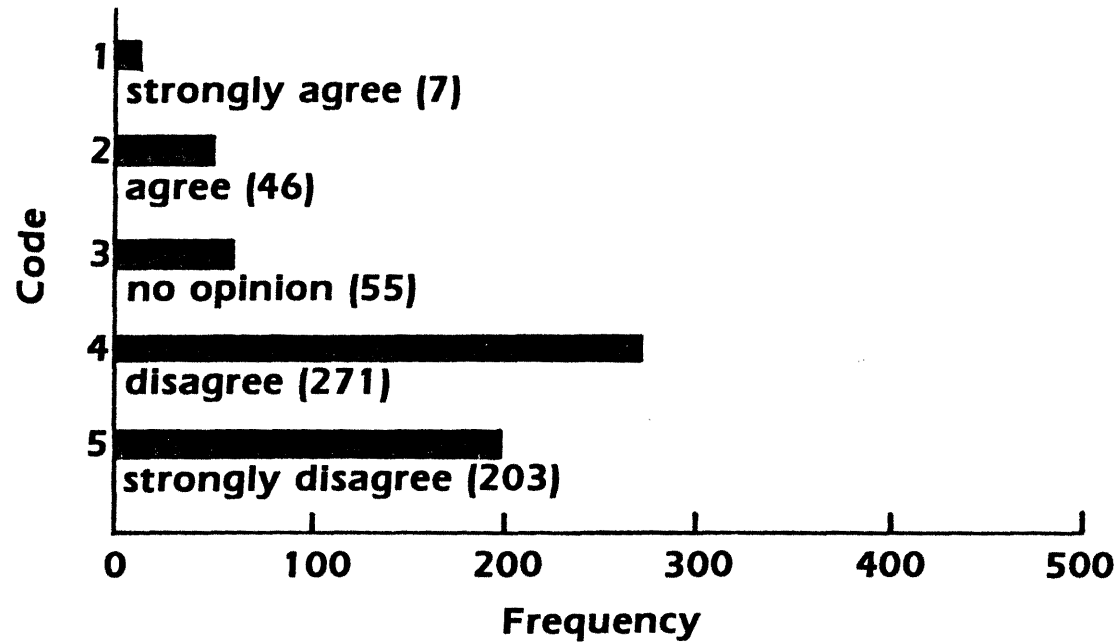
**Mean 4.768 Mode 5.000 Medium 4.894**

**Graph XIV Advertisements Create Competition  
and Stabilize Fees**



**Mean 4.019 Mode 4.000 Medium 4.136**

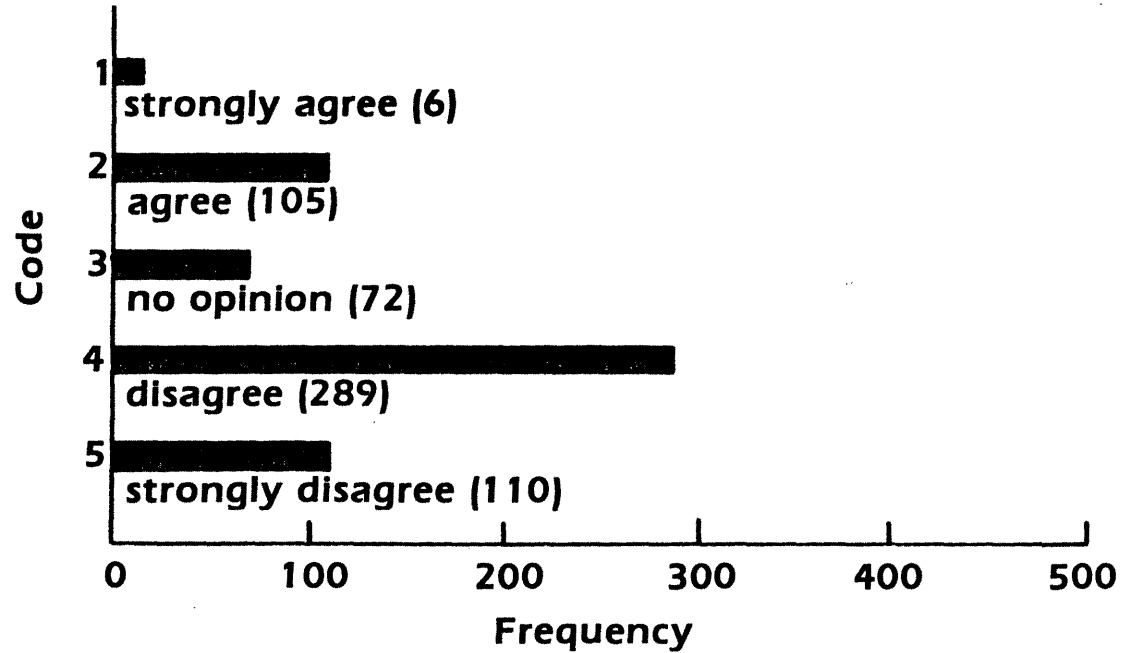
**Graph XV Advertisements Are a Necessity  
for Future Dentists**



**Mean 4.060 Mode 4.000 Median 4.175**

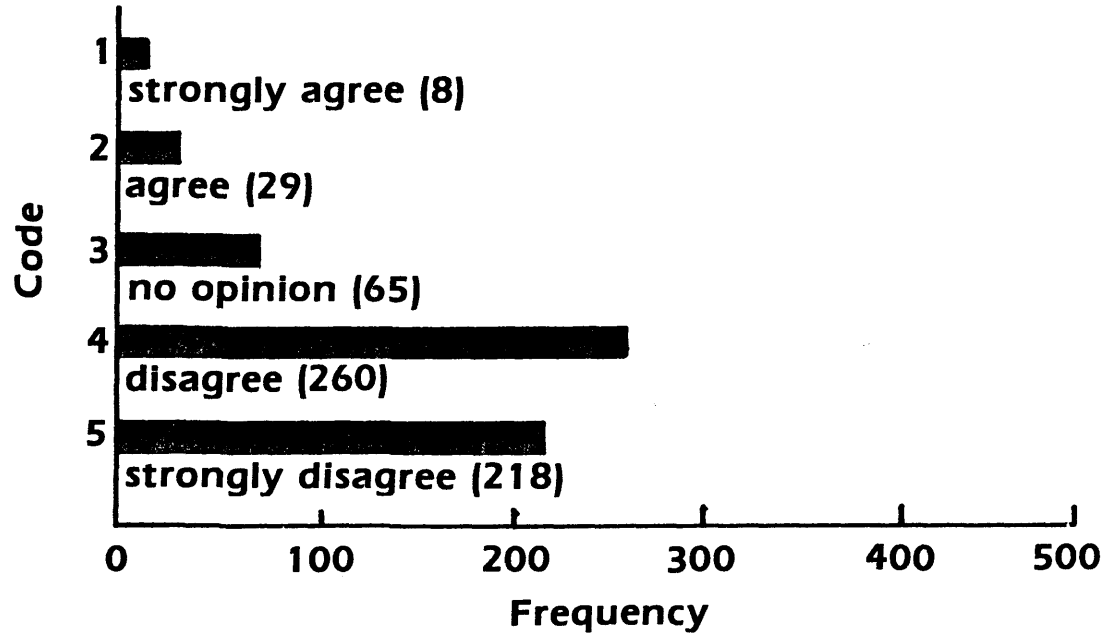


**Graph XVI Advertisements Generally Are Done  
in Good Taste**



**Mean 3.674 Mode 4.000 Medium 3.874**

**Graph XVII Public Opinion of Dentistry Is Enhanced  
by Advertisements**



**Mean 4.122 Mode 4.000 Median 4.223**

Table I. Respondent Agreement With Unfavorable Statements in Part II.

<u>Statement</u>	<u>Number in Agreement</u>	<u>Percent of Total</u>
Advertisements have no place in dentistry	426 of 581	73%
Advertisements are detrimental to dentistry	411 of 579	71%
Advertisements reduce the quality of care	340 of 580	59%
Advertisements should not quote fees	453 of 579	78%
Advertisements interfere with patient-doctor relationships	291 of 580	50%
Advertisements will lead to the disintegration of profession	320 of 577	55%

These results indicate a clear agreement by the respondents concerning those statements considered as unfavorable effects of advertisement.

Those statements which were constructed to depict a favorable connotation are listed in Table II. In each case, the number of respondents who agree (strongly agree plus agree) with the statement are noted, as well as, the representative percent of total, for comparison, are listed in Table II.

Table II. Respondents in Agreement with Favorable Responses in Part II.

<u>Statement</u>	<u>Number in Agreement</u>	<u>Percent of Total</u>
Advertisement will have a positive effect on demand for dental services	82 of 582	14%
The Federal Trade Commission should regulate dental fees	9 of 581	2%
Advertisements create competition and stabilize fees	62 of 579	11%
Advertisements are a necessity for future dentists	43 of 582	7%
Advertisements are generally done in good taste	111 of 582	19%
Public opinion of dentistry is enhanced by advertisements	37 of 580	6%

In contrast to the previous discussion of unfavorable statements, the responding dentists did not agree with the statements deemed favorable. Conversely, they overwhelmingly disagreed with those statements.

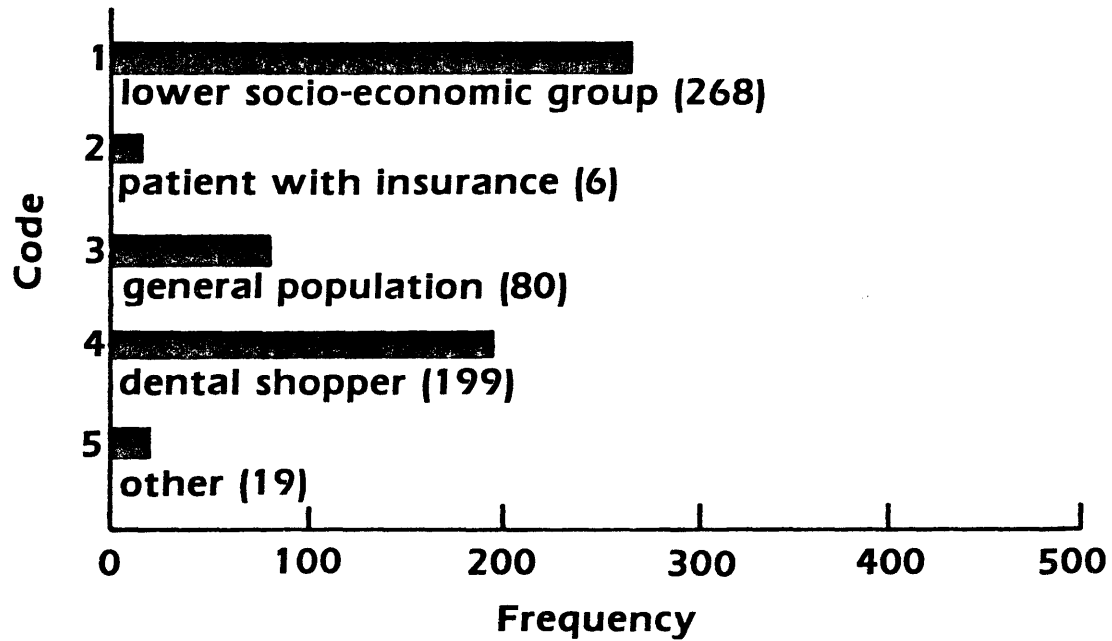
Part II of the survey also consisted of several questions about dental advertisements. These questions were placed for general information, as well as, an introduction into Part III of the survey which was directly concerned with advertising. Each dentist was asked what segment of the population he felt was targeted by dental advertisements. Their responses are

shown in Graph XVIII. A relatively high percentage (47%) of respondents indicated that the advertisements were directed toward lower socio-economic groups. Approximately 35 percent felt that the "dental shopper" would be the target of advertisement. A second question was posed to each dentist regarding advertising. A dentist was asked what impact he felt advertising would have on the segment of the population that does not regularly seek dental care. Under this category, 365 of 575 respondents or 64% believed advertising had no effect. The remaining 210 respondents were divided as shown in Graph XIX. The final question in part II asked the dentist if he would like the state association to sponsor programs on "How to Build a Practice in Ways Other than Personal Dental Advertising". Of the 563 dentists who answered this question 471 replied positively to such Dental Association sponsored programs. This 84% rate for such programs is an indication by the respondents of their general distaste for advertising within the profession.

### Part III - Dentists Who Advertise

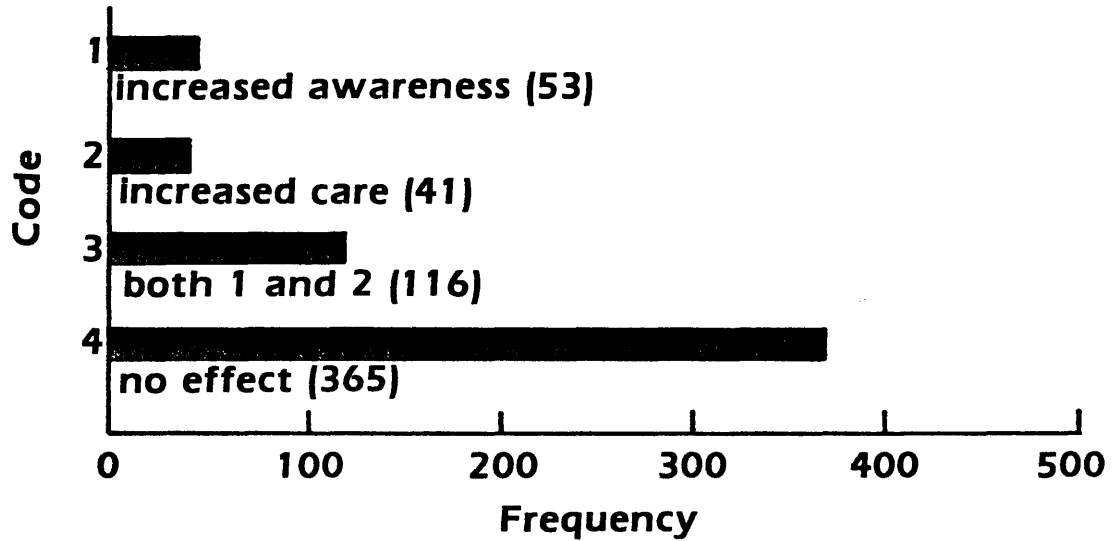
This section of the survey dealt directly with the advertising dentist. A dentist was asked if he participated in a number of forms of advertising. If he answered positively regarding any form of advertising

**Graph XVIII Population Targeted by Dental Advertisements**



**Mean 2.467 Mode 1.000 Median 2.650**

**Graph XIX Advertising's Effect on Non-seekers  
of Dental Care**



**Mean 3.545 Mode 3.000 Medium 3.000**

listed, he was considered a dental advertiser. The traditional listing in the yellow pages was not considered to be true advertising. If a dentist's listing encompassed more than his name, address, and phone number, it was considered to be a form of advertising. Table III lists each advertising category, the frequency of response for each category, and the percent which that form of advertising was utilized by the respondents.

Table III. Use of Advertisements

Advertising Category	Frequency of Response	% of Total ( $\frac{X}{N}$ )
		586
Yellow Pages	142	24%
Direct Mail	10	1.7%
Community Newspaper	21	3.5%
Local Newspaper	15	2.5%
Radio	7	1.1%
Television	None	None

It is apparent from this data that very few practicing dentists are utilizing any form of advertising other than expanded yellow page listings.

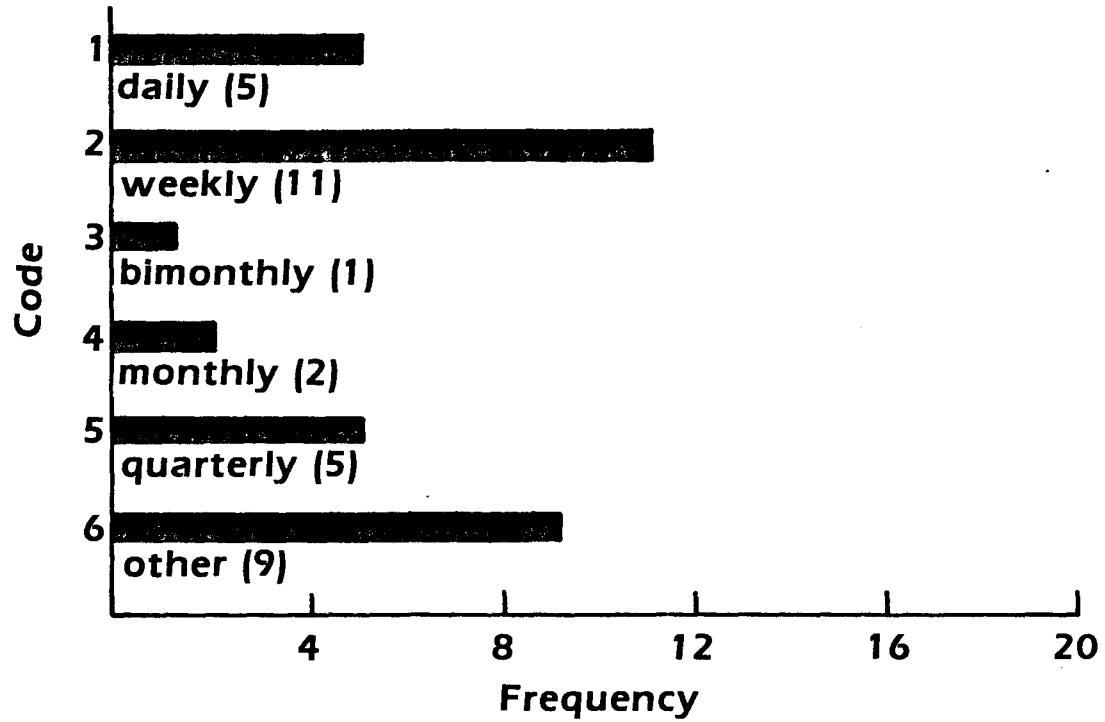
Further investigation into the direct use of advertising was undertaken in the remainder of Part III of the survey. An advertising dentist was asked if his



use of personal dental advertising had been of direct benefit to practice growth. The number of respondents to this question was thirty-four, of which 25 or 74% revealed that advertising has had a positive effect on their practice. Although the number of missing cases (only 34 responses) was very high for this question, the percentage of dentists who believed that advertising was of direct benefit should be noted. The number of dentists who reported utilizing a professional to prepare or direct their advertising campaign was 12 of 38 or 32%. This percentage indicates that over 68% of advertising dentists are conducting and devising their own approach to advertising.

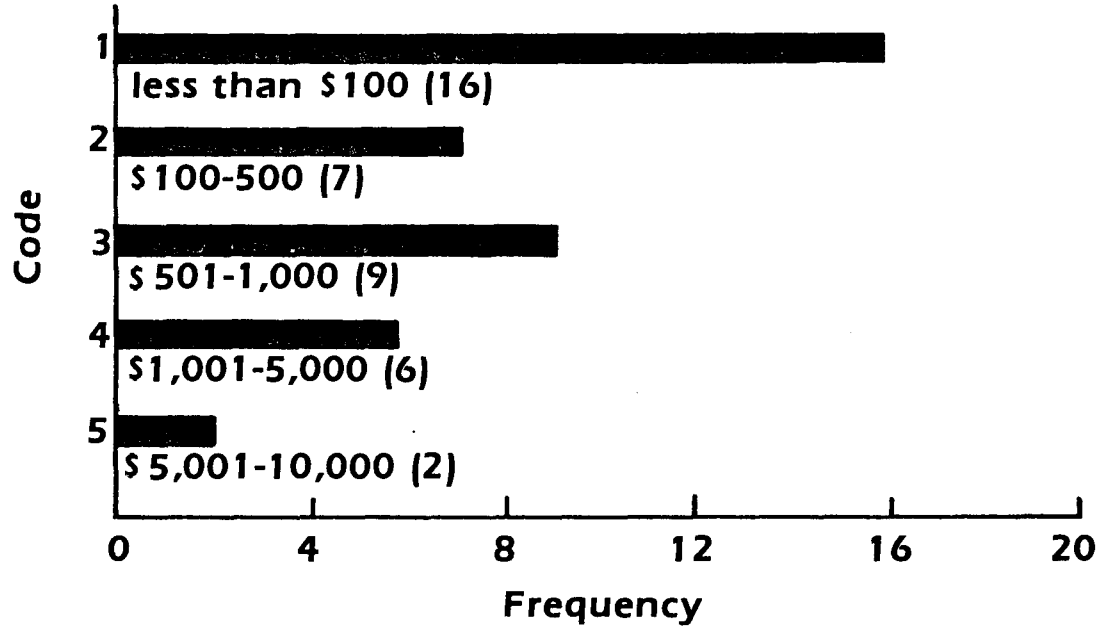
Under the category to determine the frequency of advertisement by dentists, thirty-three responses were reported. Graph XX indicates the frequency which a particular advertisement was utilized and the number of dentists within each category. The frequency of utilization of an advertisement is dependent upon the monies available and required for an advertisement. The final two questions in the survey queried the advertising dentist about his present and future expenditures for advertisements. Graph XXI and Graph XXII, respectively depicts the monies presently being spent and monies allocated for next year's advertising program.

**Graph XX Frequency of Advertisement Utilization  
by Respondents**



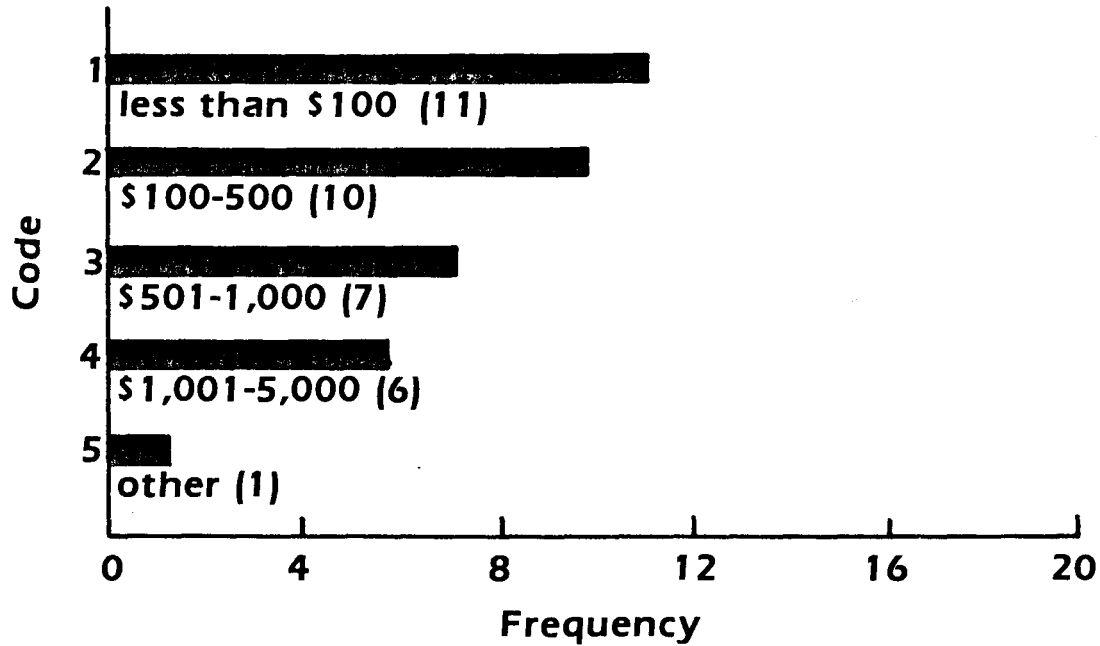
**Mean 3.545 Mode 2.000 Median 3.000**

**Graph XXI Money Spent Last Year on  
Advertisements**



**Mean 2.275 Mode 1.000 Median 2.071**

**Graph XXII Money Allocated Next Year for Advertisements**



**Mean 2.343 Mode 1.000 Median 2.150**

## CHAPTER V - DISCUSSION OF RESULTS

### Contrasts and Comparisons

The purpose of this study was to gather data through a survey instrument concerning the practice of personal advertising within the South Carolina dental community. In previous chapters, the writer has provided a descriptive statistical report of overall survey findings. This chapter provides a contrast and comparison of responses from the age, years practicing dentistry, and community size categories with the responses from Part II, the opinionnaire. Within the discussion of the contrasts and comparisons of responses, only those considered truly variable ( $\pm 15\%$ ) will be reported as significant. Through this chapter, an insight into the opinions of a particular group versus the opinion of the entire responding population has been attained. Each opinion (statement) from Part II has undergone a cross-tabulation and is discussed according to significance.

The twelve statements within Part II of the survey were divided according to their tendency toward

favorableness or unfavorableness. The six statements considered unfavorable are discussed first. In this discussion, the number of responses that were in the strongly agree and agree categories have been combined within the broader tend to agree category. Likewise, strongly disagree and disagree have been combined within the category tend to disagree. Each statement (opinion) has been compared separately and the reported results with respect to age, years practicing dentistry, and community sizes are discussed together for clarity.

Table IV represents the cross-tabulations of significant variation for the first statement: Personal dental advertisements have no place in dentistry. For the purpose of this survey, personal dental advertising refers to advertising by private practitioners. Institutional advertising by societies and dental organizations is not being questioned or referred to within the context of the survey. The discussion of responses for each statement within the opinionnaire is based on the individual's reply concerning the advertising issue.

Table IV. Personal Dental Ads Have No Place in Dentistry

Demographic Category	Group	Tend to Agree (A) or Disagree (DA)	Group%	vs. Total %	
Community Size	2500-8000	A	64.4%		
Age	25-34	A	60.1%	73.3	A
	45-54	A	80.0%	73.3	A
	55-64	A	89.2%	73.3	A
	> 65	A	100%	73.3	A
Age	25-34	DA	29.7%	19.7	DA
	55-64	DA	8.1%	19.7	DA
	> 65	DA	0%	19.7	DA
Yrs. Practicing Dentistry	< 2 yrs	A	41.4%	73.3	
	2-5 yrs	A	63.4%	11	
	15-20 yrs	A	80.3%	11	
	> 20 yrs	A	85.3%	11	
Yrs. Practicing	< 2 yrs	DA	46.3%		
	> 20 yrs	DA	10%		

It is apparent from this first comparison that the age and number of years of practicing dentistry had a profound effect on whether the respondent felt advertising had any place within dentistry. It can be inferred that the new practitioner has different opinions regarding the basic advertising controversy. He must consider all alternatives, in order to, promote practice growth. The unusual high costs of starting a new practice dictate that he consider available alternatives to stimulate business. For example, 41.4%

of the dentists who have been in practice less than two years disagreed with the statement that advertisements have no place in dentistry, in comparison, to only 10% of the dentists practicing over 20 years. Within the over 65 age category, 100 percent of the dentists agreed that advertising had no place in dentistry. An older, established dental practice usually does not consider a need for practice growth. These dental practices depend on patient loyalty and traditional referrals for their business. Community size was insignificant in the discussion of advertising's place in dentistry.

The second statement for consideration was: Advertisements reduce the quality of care in dentistry. Table V represents the variations noted as significant when compared to the average overall response.

TABLE V Advertisements Reduce the Quality of Dental Care

Demographic Category	Group	Tend to Agree (A) Disagree (DA)	Group %	vs	Total %
Community Size	>80,000	A	65%	vs	59%
Age	25-34	A	41%	vs	59%
	45-54	A	70%	vs	59%
	55-64	A	76%	vs	59%
	>65	A	77%	vs	59%
	25-34	DA	38.3%	vs	26.1%
	>65	DA	0%	vs	26.1%
Yrs. Practicing Dentistry	<2 yrs	A	29.2%	vs	58.7%
	>20 yrs	A	75.2%	vs	58.7%
	<2 yrs	DA	53.7%	vs	25.9%
	>20 yrs	DA	15.3%	vs	25.9%



This particular statement concerned a dentist's opinion regarding the quality of care administered by the advertising dentist. There was a slight deviation from the mean from respondents from the larger practice settings. Sixty-five percent of the dentists from communities greater than 80,000 people felt that advertisement reduces the quality of care of dental services. In the metropolitan areas of South Carolina, a few of the factors which have created competition among the practicing dentists are: influx of new practitioners, a depressed economy, and an increase in third party participation in payment of fees. Dental advertisers have been identified for producing low cost dentures. It is this reduction of fees which the average practitioner questions. The general dentist can not compete with the economy dentures and inherently believes a reduction or compromise in quality of care equates with fee reduction. This assumption is not always true, in that, fee reductions are utilized through bulk buying procedures or as a loss leader to attract potential patients. As with the first statement discussed, age and years practicing dentistry paralleled each other when compared. Table V indicates that the dentist, age 25-34 or practicing dentistry less than 2 years, generally opposes the opinions of the established

practices, and the age group greater than 45 years or practicing more than 20 years. The inference that can be made through this comparison is that a young practitioner must consider advertising as a means of growth without a reduction in quality of care to his patients.

The third unfavorable statement within the opinionnaire was: Advertisements are detrimental to dentistry. Table VI indicates the relationship between the overall response for this statement versus the variable responses.

TABLE VI. Advertisements are Detrimental to Dentistry

Demographic Category	Group	Agree (A) Disagree (DA)	Group %	vs Total %
Age	25-34	A	59.3%	vs 71%
	55-64	A	81%	vs 71%
	>65	A	100%	vs 71%
	25-34	DA	27.3%	vs 16.4%
	55-64	DA	11%	vs 16.4%
	>65	DA	0%	vs 16.4%
Yrs. Practicing Dentistry	<2 yrs	A	44%	vs 71%
	>20 yrs	A	82%	vs 71%
	<2 yrs	DA	42%	vs 16%
	>20 yrs	DA	9%	vs 16%

The basic question confronting a responding dentist in this statement was whether he felt personal dental advertising was detrimental to dentistry. The statement does not imply "supermarket type" advertising or

advertisements in good taste, but simply an opinion about potential detrimental effects of advertising on dentistry itself. Predictably the dentists over fifty-five and the dentists practicing over twenty years demonstrated the greatest percentage of agreement about advertisement being of detriment to dentistry (81%). Whereas only 44% of the newly established dentists (less than two years) agreed that dentistry would experience detrimental effects from advertising. The size of community served by a responding dentist did not prove to be a significant variable in this discussion.

The fourth statement within the opinionnaire read: Advertisements should not quote routine fees for service. Table VII depicts the variable responses for this statement.

TABLE VII Advertisements Should not Quote Routine Fees

Demographic Category	Group	Agree (A) Disagree (DA)	Group %	vs	Total %
Age	>65	A	93%	vs	78.2%
	>65	DA	0%	vs	7.6%

The responses to this unfavorable statement were quite close for the three categories being utilized for cross-tabulation with only the over 65 age group demonstrating variance. This equality of response

indicates that dentists generally feel that fees should not be quoted. The dentists over sixty-five continued their almost total agreement with statements characterized as unfavorable. Although the number of dentists over 65 responding to the survey were few, it is obvious their opinions are traditional in nature through their high percentage of response toward anti-advertising statements.

The fifth statement to be scrutinized by the respondents stated: Advertisements interfere with the patient doctor relationship. Traditionally, dentists have experienced practice growth through this positive interaction. The relationship between a dentist and patient has been considered personal, based on understanding and trust. The responding dentists must decide if he feels this relationship has been altered or interfered with through advertising. Table VIII lists the variable responses from norm concerning this controversial statement. It should be noted that almost 24% of respondents had no opinion for this statement.

TABLE VIII. Advertisements Interfere with the Patient-Doctor Relationship.

Demographic Category	Group	Agree (A) Disagree (DA)	Group %	vs	Total %
Community Size	2500-8000	A	42%	vs	50%
	2500-8000	DA	34%	vs	26%
Age	25-34	A	40%	vs	50%
	45-54	A	61%	vs	50%
	55-64	A	62%	vs	50%
	>65	A	93%	vs	50%
Years Practicing Dentistry	<2 yrs	A	25%	vs	50%
	2-5 yrs	A	40%	vs	50%
	>20 yrs	DA	17.1%	vs	26%

The varying responses to this statement demonstrated that opinions were quite controversial concerning possible interference in the traditional doctor-patient relationship. A dentist's response, particularly a non-advertising dentist, was an indication of his feelings about a very important subject. The high percentage of dentists who expressed no opinion demonstrates that uncertainty existed in their minds. The young practitioner expressed a tendency toward disagreement with the basic premise that an interference does occur. The higher percent of agreement indicative of the older dentist was further evidence that personal dental advertising is considered to be a direct impingement on their time honored beliefs and traditions. The dentist in small communities

(<8000) demonstrated the least agreement to this statement, (42%) when comparing community size.

The final statement of unfavorableness relative to advertisement was: Personal dental advertisements will lead to the disintegration of the profession of dentistry. Table IX depicts those responses which were deemed variable in comparison to the average response and percentage of total response.

TABLE IX. Advertisements will lead to disintegration of the profession of dentistry

Demographic Category	Group	Agree (A) Disagree (DA)	Group %	vs	Total %
Age	55-64	A	68%	vs	55%
	>65	A	93%	vs	55%
	25-34	DA	36%	vs	31%
Yrs Practicing Dentistry	15-20	A	64%	vs	55%
	>20 yrs	A	65%	vs	55%
	<2 yrs	DA	42%	vs	31%

Such an explicit statement was constructed to obtain a respondent's deepest feelings concerning the advertising dilemma. The context of the statement exaggerates the effect that advertising could have on dentistry, notably, the disintegration of the profession. The age of a respondent had a direct correlation with tendency toward agreement or disagreement. In this case, the percentage of agreement

for respondents sloped toward the 93% agreement recorded for dentists over 65. The nature of this response indicates the alarm and genuine concern amongst today's dentists in South Carolina about the future of their chosen profession. The number of years practicing dentistry paralleled the increases toward agreement noted for age of respondent. The greatest proportion of disagreement about advertising leading to disintegration of the profession was from the practitioner of less than two years. The writer can only speculate that this response is a direct product of: a general naivety about the actual practice of dentistry or a belief by young dentists that their profession can and will retain its high standards of excellence through these changing times. Possibly, the young dentist accepts the advertising issue as a reality he shall face throughout his lifetime which can be an advantage if utilized professionally.

As mentioned previously, there were an equal number of favorable statements devised for the LMSR. The responses to the favorable statements were much closer than the responses to the unfavorable statements, indicating a tendency toward agreement by respondents. The initial favorable statement regarding advertising read: The public's opinion of dentistry has been enhanced by personal dental ads. The overall response

from dentists regarding this statement was disagreement from all demographic categories. The respondents obviously felt that advertising has not enhanced public opinion of dentistry. Even the young practitioner of less than two years disagreed with this statement. Two thirds of this group were reported as tending to disagree with another 25% expressing no opinion.

The second statement expressing favorableness for advertising was: Advertisements have generally been done in good taste. The responses which varied from the average tendency to either agree or disagree were very few for this statement. Surprisingly, 36% of the dentists over 65 agreed with the statement concerning good taste in advertising. The responses were generally in disagreement to the statement, though, indicating the feeling that the dental advertiser has used poor taste in advertising according to his peers.

The third statement deemed favorable in the survey read: Personal dental ads are a necessity for future dentists. The majority of respondents through cross-tabulation tended to disagree with this statement with slight exception being the case from dentists practicing less than two years. Within this category, 30% of the responding dentists agree that advertising would be a necessity for future practitioners, and 15% expressed no opinion with regards to the statement. This disparity



from the norm supports the previous assumption the writer made concerning a young dentist's acceptance of advertising as a necessity and a reality within his lifetime.

The next statement with favorable connotation read: Personal dental advertisements create competition and price stabilization for basic services. As with the previous statement, the single variance noted with the cross-tabulation analysis was exhibited by the dentist practicing less than two years. Over 25% of this group tended to agree with the statement. Every other demographic cross-tabulation was virtually equal. The young practitioner, although only slightly, displays a tendency toward consideration of advertising, as useful, to stimulate the growth of his practice.

The fifth statement regarded as favorable for the survey stated that: The Federal Trade Commission should regulate dental fees. The unpopularity of this statement was overwhelmingly evident by the fact that over 97% of all respondents disagreed with the statement. Dentists from all demographic sections of the survey viewed this statement collectively with vengence. The writer had the greatest number of "write-in" complaints and comments relative to this statement.

The final statement characterized as favorable in

the survey read: Personal dental ads will have a positive effect on the public's demand for dentistry. There was again uniform disagreement with this statement with the exception of the dentist practicing less than two years and the dentist under 34 years of age. These two exceptions further substantiate the writers contention that the young dentist will accept, utilize, and participate in truthful advertising. The 19% rate of response by the age group 25-34 who agreed and the 27% of dentists practicing less than two years represents a minority of respondents who agreed with the statement that advertising will have a positive effect on demand, when compared to the total, but a significantly greater proportion than the older groups.

#### Evaluation of Part II Via the LMSR

An explanation of the respondent's opinions regarding the statements in Part II were accomplished via the LMSR. As described earlier, this method was utilized to determine the subjects opinions within an area of controversy such as advertising.

By calculating the overall respondent's percentage of agreement or disagreement, in comparison to the maximum possible rating according to the LMSR, the writer was able to determine the groups opinion about a particular topic. For each statement in Part II, the number of respondents was multiplied by five (maximum

rating) to determine the highest possible score. The six unfavorable statements were assigned numerical values of five for strongly agree, four for agree, etc. The actual number of responding dentists within each category were tallied and multiplied by the predetermined numerical value. In this manner, the actual percentage of agreement was calculated through determining the total score for each category divided by the maximum rating. Table X represents these calculations for the six unfavorable statements relating to Personal Dental Advertisements and the respondents tendency toward agreement.

TABLE X. Respondents Percentage of Agreement to Unfavorable Statements via LMSR.

Statement	Total Number of Respondents (T)	Maximum(M) Rating(5)(T)=M	Actual Respondent % of Agreement
Advertisement has no place in dentistry	581	2905	$\frac{2290}{2905}=79\%$
Advertisements reduce the quality of care in dentistry	580	2900	$\frac{2043}{2900}=70.4\%$
Advertisements are detrimental to dentistry	579	2895	$\frac{2247}{2895}=78\%$
Advertisements should not quote routine fees	579	2895	$\frac{2389}{2895}=83\%$
Advertisements interfere with patient-doctor relationships	580	2900	$\frac{1980}{2900}=68\%$

Advertising will lead  
to the disintegration  
of the profession of  
dentistry

577

2885

$$\frac{2000}{2885} = 69\%$$

These calculations indicate that the responding South Carolina dentist agrees with these unfavorable statements. The LMSR enables the author to discuss the results as opinions. It is inferred from Table X that the general opinion of respondent was anti-advertising. Further investigation of various sub-groups could show variance of opinion but the purpose of LMSR is to determine the population opinion.

The six favorable statements relative to dental advertising in Part II were rated five for strongly disagree, four for disagree, etc. Computations were completed as with the unfavorable statements and are depicted in Table XI.

TABLE XI. Respondents Percentage of Disagreement to Favorable Statements via the LMSR

Statements	Total Number of Respondents	Maximum Ratings(5)(T)=M	Actual Respondent % of Disagreement
Public opinion is enhanced by dental advertisements	580	2900	$\frac{2391}{2900}=82\%$
Advertisements are generally done in good taste	582	2910	$\frac{2138}{2910}=83\%$
Advertisements are a necessity for future dentists	582	2910	$\frac{2363}{2910}=81\%$
Advertisements create competition and stabilize dental fees	579	2895	$\frac{2327}{2895}=80\%$
The Federal Trade Commission should regulate dental fees	581	2905	$\frac{2770}{2905}=95\%$
Advertisements create a positive effect on demand for dental service	582	2910	$\frac{2238}{2910}=77\%$

The general consensus of dentists was disagreement to those statement indicated as favorable. It was quite clear that the responding dentist did not agree with the context of all statements. Their opinions are undeniably anti-advertising.

### Conclusions

The writer has reported various findings. Through

these results, as well as, his experience as a general dentist and as a native South Carolinian, the following conclusions have been drawn:

- 1) The South Carolina dental community is experiencing the initial effects of the advertising issue, and in general, the South Carolina dentist does not approve of, or participate in any form of advertising.
- 2) A vast majority of dentists (84%) would support a state association program designed to build their practices in ways other than personal dental advertisement.
- 3) The older, established dental practices within the state strongly oppose this introduction of advertising into the profession.
- 4) The newly established practitioner demonstrates a tendency toward participation in advertising.

APPENDIX

Dental Advertising Survey

MEDICAL UNIVERSITY OF SOUTH CAROLINA  
 COLLEGE OF ALLIED HEALTH SCIENCES  
 MASTERS IN HEALTH SCIENCES PROGRAM

DENTAL ADVERTISING SURVEY

Please answer all items on this questionnaire. This data is to be used for statistical purposes only. Disregard the numbers before each question, they are placed for computer tabulation purposes only. Confidentiality will be strictly maintained, but if you wish to receive a summary of the study, please include your name and address below.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PART I - Please check or fill in the blank.

- (1) What is your age?
- (1) \_\_\_ under 25   (2) \_\_\_ 25-34   (3) \_\_\_ 35-44   (4) \_\_\_ 45-54   (5) \_\_\_ 55-64
- (6) \_\_\_ 65+
- (2-3) Approximately how many hours per week do you practice dentistry? \_\_\_\_\_ hours
- (4) Would you consider your practice to be
- (1) \_\_\_ rural   (2) \_\_\_ urban   (3) \_\_\_ other specify \_\_\_\_\_
- (5) How large is the community which your practice serves?
- (1) \_\_\_ less than 2,500                              (5) \_\_\_ 25,000-49,999
- (2) \_\_\_ 2,500-7,999                                   (6) \_\_\_ 50,000-79,999
- (3) \_\_\_ 8,000-14,999                                 (7) \_\_\_ 80,000-200,000
- (4) \_\_\_ 15,000-24,999                               (8) \_\_\_ greater than 200,000
- (6) What effect has the recession period (1981-82) had on your practice?
- (1) \_\_\_ increase in production                (2) \_\_\_ no effect
- (3) \_\_\_ decrease in production



(7-9) Approximately what percent of your practice consists of third party payments? (i.e., insurance, Medicaid, etc.)

\_\_\_\_\_ percent

(10) How long have you practiced dentistry?

(1) \_\_\_ less than 2 years

(4) \_\_\_ 10-15 years

(2) \_\_\_ 2-5 years

(5) \_\_\_ 15-20 years

(3) \_\_\_ 5-10 years

(6) \_\_\_ greater than 20 years

PART II - Listed below are some statements which might apply to Personal Dental Ads. For each statement check whether you:

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>No</u> <u>Opinion</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
(11) Personal Dental Ads have no place in dentistry.	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____
(12) Personal Dental Ads have been detrimental to dentistry.	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____
(13) The public's opinion of dentistry has been enhanced by Personal Dental Ads	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____
(14) Personal Dental Ads have generally been done in good taste.	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____
(15) Personal Dental Ads are a necessity for future dentists.	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____
(16) Personal Dental Ads create competition and price stabilization for basic services.	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____
(17) The Federal Trade Commission should regulate dental fees.	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____
(18) Personal Dental Ads will have a positive effect on the public's demand for dentistry.	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____

	<u>Strongly Agree</u>	<u>Agree</u>	<u>No Opinion</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
(19) Personal Dental Ads will have the effect of reducing the quality of care in dentistry	(1)_____	(2)____	(3)_____	(4)_____	(5)_____
(20) Routine fees should <u>NOT</u> be quoted in Personal Dental Ads.	(1)_____	(2)____	(3)_____	(4)_____	(5)_____
(21) Personal Dental Ads interfere with the personal relationship between the patient and dentist.	(1)_____	(2)____	(3)_____	(4)_____	(5)_____
(22) The unregulated and wide-spread use of Personal Dental Ads will lead to disintegration of the profession of dentistry.	(1)_____	(2)____	(3)_____	(4)_____	(5)_____

Please check or fill in the blank.

(23) What segment of the population is targeted by Personal Dental Ads?

- (1)\_\_\_ lower socio-economic group  
 (2)\_\_\_ patient with insurance coverage  
 (3)\_\_\_ the general population  
 (4)\_\_\_ the "dental shopper" (prices compared by patient)  
 (5)\_\_\_ other (Please fill in) \_\_\_\_\_

(24) What impact to you feel Personal Dental Ads will have on the segment of the population that does not regularly seek dental care?

- (1)\_\_\_ an increase in awareness of dental needs  
 (2)\_\_\_ an increase in percentage of patients who seek care  
 (3)\_\_\_ both 1 and 2  
 (4)\_\_\_ no effect

(25) Would you like to have your State Association sponsor programs on "How to Build a Practice in Ways Other ~~an~~ Personal Advertising"?

(1)\_\_\_ yes                      (2)\_\_\_ no

PART III

Have you participated in any of the following forms of Personal Dental Ads? Check below.

(26)\_\_\_ yellow pages in telephone directory

(27)\_\_\_ direct mail

(28)\_\_\_ community newspaper

(29)\_\_\_ local newspaper

(30)\_\_\_ radio

(31)\_\_\_ television

(32)\_\_\_ other (specify) \_\_\_\_\_

IF YOU DO NOT UTILIZE PERSONAL DENTAL ADS, STOP HERE!

(33) Do you think Personal Dental Ads have been a direct benefit to your practice growth?

(1)\_\_\_ yes                      (2)\_\_\_ no

(34) Have you utilized a professional to prepare and/or direct the formation of your Personal Dental Ads?

(1)\_\_\_ yes                      (2)\_\_\_ no

(35) How frequently do you utilize Personal Dental Ads? Check below.

(1)\_\_\_ daily

(4)\_\_\_ monthly

(2)\_\_\_ weekly

(5)\_\_\_ every three months

(3)\_\_\_ bi-monthly

(6)\_\_\_ other (specify)

(36) Approximately how much money have you spent on Personal Dental Ads in the last year?

(1) \_\_\_ less than \$100.00

(4) \_\_\_ \$1,001-5,000

(2) \_\_\_ \$100-500

(5) \_\_\_ \$5,001-10,000

(3) \_\_\_ \$501-1,000

(6) \_\_\_ other (specify) \_\_\_\_\_

(37) How much money have you allocated for Personal Dental Ads for next year?

(1) \_\_\_ less than \$100

(4) \_\_\_ \$1,000-5,000

(2) \_\_\_ \$100-500

(5) \_\_\_ \$5,000-10,000

(3) \_\_\_ \$500-1,000

(6) \_\_\_ other (specify) \_\_\_\_\_

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