

Change of attitude in Spanish professional dentists as regards risk of HIV/Aids infection

Cambio actitudinal en dentistas españoles ante el riesgo de VIH

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Recibido: 29/12/2016 · Aceptado: 07/04/2017

Abstract

Objective: The aim is to estimate the changes in attitude arising after eighteen years in the perception of the risk of contracting HIV/Aids among Spanish dental health workers and the general public. Design: We performed a cross-sectional comparative investigation with the data collected from a survey in 1996 and 2014. Method: two experimental random samples have been selected which make up both groups of dental health workers and general population. Participants were provided with the Global AIDS Attitudes questionnaire and form a B Eysenck Personality Inventory. The data was subsequently subjected to statistical analysis in order to find any significant differences in both years' samples. Results: The general public of 1996 perceived greater risk in situations like "surgery with risk for the patient" and "donating blood" than dentists. That trend was inverted in 2014. In 1996, male dentists perceived more risk in general terms than women, but in 2014 women assigned more risk (mainly in dental surgery or sharing a syringe). According to age, only in 1996 data showed that dentists over forty perceived more risk than those under twenty-five. Conclusion: After 18 years, positive changes in the general public's attitudes have taken place but dental health workers have increased their perception of risk of contagion. In the 1996 survey male dentists perceived greater risk while in 2014 it was women who perceived this.

Key Words

Dental health workers, dentists, HIV/AIDS, attitude, perception, risk, infection.

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Resumen

Objetivo: estimar los cambios actitudinales producidos en los dentistas españoles y la población general ante la percepción de riesgo de contagio del VIH/Sida dieciocho años después. **Diseño:** se ha realizado un estudio comparativo transversal de los datos obtenidos por una encuesta realizada en 1996 y otra en el año 2014. **Método:** se han seleccionado dos muestras aleatorias experimentales que conforman los grupos de profesionales dentistas y población general. A los participantes se les ha administrado el Cuestionario Global de Actitudes del SIDA y la forma B del Inventario de Personalidad de Eysenck. Posteriormente los resultados se han sometido a análisis estadístico para comprobar si existen diferencias significativas entre los resultados de ambos años. **Resultados:** En 1996 la Población General (PG) percibió más riesgo de contagio que los Dentistas (DT) en la “intervención quirúrgica con riesgo para el paciente” y en la donación de sangre y en el año 2014 son los dentistas los que perciben mayor riesgo. Según sexo, en 1996 son los dentistas varones los que perciben más riesgo, pero en 2014 son las mujeres las que lo perciben (en intervención dental o quirúrgica o al compartir jeringuilla). En relación con la edad solo en 1996 se encontró más percepción de riesgo en dentista mayores de 40 años y menores de 25 años. **Conclusiones:** Tras 18 años se ha producido un cambio favorable en la percepción de riesgo de contagio en la población general pero los dentistas han aumentado su percepción de riesgo de contagio. En la encuesta de 1996 los hombres dentistas percibían más riesgo y en el 2014 las mujeres.

Palabras Clave

Odonto-estomatólogos, dentistas, VIH/SIDA, actitud, percepción, riesgo, contagio.

INTRODUCTION

Stigma and discrimination associated with HIV remain as the main obstacles to an effective response to HIV (ONUSIDA, 2013, 2015) and, from the Public Health point of view, prejudices among infectious diseases and misconceptions about HIV transmission routes cause inequality in the access to public health care services (Dávila, 2007; Uribe, 2011). In fact, most studies agree that the stigmatizing nature of HIV/AIDS and the fear of catching the virus are dentists' most reported

statements to reject these patients (Horsman, 1995). Negative attitudes towards people living with Aids (PWA) in the field of health care include isolation of patients (Dávila, 2011), poor knowledge about this disease and its routes of transmission (Valdez, 2012), poor knowledge about management of seropositive patients (Fotedar, 2013), a high fear of acquiring the disease, fear of transmission during the performance of high-risk health practices (Välimäki, 1998), moral and social prejudices against HIV disease (Uribe, 2011) or the dentists' fear that their family might