

## REZUMATUL TEZEI DE DOCTORAT

### INFLUENTA FACTORILOR DE STRES DIN CABINETUL STOMATOLOGIC ASUPRA COMPORTAMENTULUI PACIENTULUI

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Teza de doctorat cuprinde 172 de pagini din care prima parte ( partea generala) cuprinde 42 de pagini ceea ce reprezinta aproximativ un sfert din lucrare, iar cercetarile proprii acopera restul 130, ceea ce reprezinta trei sferturi.

**Partea generala** este la randul sau impartita in patru capitole: generalitati despre stres, factorii de stres, metode de cercetare utilizate in psihologie si analiza datelor.

In capitolul referitor la stres psihic tratam problema stresului ca definitie si caracterizare generala, vulnerabilitatea si adaptarea la stress, factorii favorizanti in producerea stresului psihic (relatia pe care o are cu procesele psihice fundamentale si factorii de poluare ai vietii contemporane) si stresul in relatie cu diferite tipuri de personalitate.

Cel de al doilea capitol trateaza notiuni referitoare la factorii de stres respectiv : caracteristici generale, situatia stresanta, clasificarea factorilor de stres, reactia la factorii de stres ( mecanisme de coping). Tot din acest capitol am extras principalele reactii comportamentale (mecanisme de coping ) pe care le putem intalni atunci cand subiectul este supus actiunii factorilor de stres.Putem intalni trei tipuri de coping : comportamental, cognitiv si neurobiologic. Noi am studiat in lucrarea de fata copingul comportamental, respectiv reactiile fizice ale subiectilor. Copingul cognitiv se refera la mecanismele de prelucrare a informatiei in vederea diminuarii reactiei de stress, iar copingul neurobiologic se refera la reactiile fiziologice ale subiectului .

In capitolul al treilea am trecut in revista principalele metode de cercetare utilizate in psihologie, din care ne-am selectat cele pe care le-am considerat utile in cercetarea noastra.Am mentionat in acest capitol : observatia, anamneza, convorbirea, testul, experimentul, chestionarul, interviul, ancheta, studiul de caz. In ultimul capitol din partea generala am tratat metoda cu ajutorul careia am analizat datele si implicit am obtinut rezultatele si am trasat concluziile.Pentru analiza datelor am utilizat programul SPSS.

Metodele de analiza pot fi manuale sau mai nou exista programe speciale de analiza datelor. Unul din aceste programe , utilizat si de noi in studiul prezent este SPSS. Programul SPSS (Statistical Package for the Social Sciences) este unul dintre cele mai utilizate in analiza statistica a datelor.

**Partea speciala** este la randul ei impartita in doua capitole : identificarea factorilor de stres si comportamentul pacientului.

**Identificarea factorilor de stres** cuprinde la randul ei : ipoteza de lucru, scopul lucrarii, baza teoretica a studiului , material si metoda, rezultate si discutii, analiza datelor si concluzii.

**Baza teoretica studiului** porneste de la premisa ca exista factori de stres in cabinetul stomatologic, pe aceasta formuland si ipoteza de lucru. Factorii de stres ii vom urmari in ordinea aparitiei lor in perspectiva tratamentului stomatologic.

*1.Inaintea prezentarii la cabinetul stomatologic.*Factorii de stres sunt : amenintarea, presiunea timpului, incertitudinea, lipsa de informare

*2.Sala de asteptare.*Factorii de stres din sala de asteptare sunt :

- *Psihologici* : amenintarea, presiunea timpului, perspectiva durerii,contagiozitate informatională, aglomeratia intr-un spatiu inchis, comportamentul medicului si al asistentei
- *Fizici*: zgomotul, mirosul, lumina, culoarea, ordinea si curatenia

*3.Cabinetul stomatologic :*

- Factorii psihologici :durerea, teama de boala, invadarea spatiului intim, incertitudinea, prezenta insotitorilor, cuvinte cheie : ac seringa, etc,
- Factorii fizici : zgomotul, mirosul, lumina, culorile, gustul, caldura, praf de dentina , vederea sangelui, vederea instrumentelor, vibratiile

Am emis doua **ipoteze de lucru** :

Ipoteza 1 : Exista factori de stres in cabinetul stomatologic.

Ipoteza 2 :Exista diferente in ceea ce priveste factorii de stres in ceea ce priveste sexul, varsta si mediul socio- economic.

Am utilizat notiunile de :

- *Variabile independente (VI)* –orice stimul care poate avea influenta relevanta asupra unor prestatii sau comportamente.Ele pot fi fixate anticipat sau pot fi selectate aleator.

- *Variabile dependente (VD)*-performante comportamentale Aceasta trebuie sa - fie sensibila la variatiile variabilei independente

In acest caz variabilele independente sunt : varsta, sex, mediu socio- economic ; variabilele dependente sunt factorii de stres mentionati anterior.

**Metodologia cercetarii.** Studiul a fost realizat pe un lot de 240 subiecti, pacienti ai unui cabinet dentar urban, dar care are foarte multi pacienti din mediul rural datorita lipsei de medici din zona rurala respectiva. Selectia subiectilor a fost efectuata de catre cercetator care a fost in acelasi timp si medic dentist ajutat de catre un cadru mediu (asistenta de cabinet ) instruita in prealabil. Initial au fost mai multi subiecti, o parte fiind fie eliminati de catre cercetator ( necooperanti, raspunsuri inexacte, etc ), fie s-au autoeliminat prin neprezentarea la sedintele de tratament desfasurate pe parcursul cercetarii.

Subiectii au fost impartiti in grupe de cate 20 respectand criteriile de varsta ( 3 grupe : 17-30 ani, 31- 45 ani, 46-60 ani. Pentru fiecare subiect am alcatuit o fisa personala care cuprinde : datele anamnestice, raspunsurile date la chestionar , grila de observatie.

Fisa de observatie cuprinde urmatoarele : Numele, prenumele, sexul, varsta, starea sanatatii, antecedente heredo-colaterale, mediul social anterior si actual, locul in familie (al catelea copil, cati frati), nivelul de instruire, scoli absolvite, specialitatea, locul de munca, date semnificative privind experientele anterioare in legatura cu tratamentul stomatologic (personale sau traite de anturaj), preocupari in timpul liber, hobby.

**Rezultate.** Am putut constata ca : exista factori de stres in cabinetul stomatologic factori care se diferentiaza prin influenta pe care o au asupra diferitelor grupe de studiu. Factorii de stres : timp, lipsa de respect, asteptare, aglomeratia din sala de asteptare, zgomotul, culoare, afecteaza mai mult pacientii din mediul urban. Sunt mai rabdatori pacientii din mediul rural.

Prezenta anturajului nu influenteaza semnificativ comportamentul personalului medical este factor de stres pentru pacientii din mediul urban , mai ales pentru femeile peste 30 de ani si barbati peste 45.

Mirosul este factor de stres pentru majoritatea pacientilor, precum si durerea, la acesti factori neavand diferente semnificative la nivel de populatie studiată in ceea ce priveste perceptia lor ca factori de stres.

**Comportamentul pacientului** cuprinde la randul ei : ipoteza de lucru, scopul lucrării, baza teoretică a studiului , material și metoda, rezultate și discuții, analiza datelor și concluzii.

**Baza teoretică studiului** porneste de la premisa ca fiecare subiect reacționează diferit în fața factorilor de stres. Cele mai frecvente comportamente întâlnite în cabinetul stomatologic sunt : vorbește mult, agitat, întrerupe frecvent tratamentul, tremura, strânge scaunul, da din picioare, închide ochii, contracta orbicularii, ridică mâna, țipa, urmărește mișcările medicului, evita, greata, lovește, plânge, lesina

Am emis **ipoteza de lucru** : Există diferențe semnificative între comportamentul pacienților supuși factorilor de stres din cabinetul stomatologic , în funcție de sexul, vârsta și mediul de proveniență al acestora.

În acest caz variabilele independente sunt : vârsta, sex, mediu socio- economic , iar variabila dependentă este reprezentată de comportamentul pacientului.

**Metodologia cercetării.** Subiecții au fost aceiași ca și în prima parte a cercetării, împărțiți în aceleași grupe. Am utilizat ca instrument de lucru grila de observație în care observatorul a notat comportamentul pacientului în sala de așteptare, cabinetul stomatologic și în timpul tratamentului. Rezultatele au fost trecute în tabele : într-un tabel au fost trecute rezultatele brute, pentru fiecare comportament evidențiindu- se și totalul pe rând și pe coloană, în al doilea tabel pe baza rezultatelor din primul au fost calculate frecvențele de apariție a comportamentelor.

Analiza rezultatelor a fost făcută tot cu ajutorul programului SPSS pentru a determina comportamentele semnificative.

**Rezultatele** ne confirmă faptul că există comportamente specifice care se manifestă la pacienții supuși unui tratament stomatologic, precum și faptul că există diferențe semnificative în manifestare în funcție de vârstă, sex și mediu socio – economic.

Am constatat faptul că ‘ vorbesc mult’ în sala de așteptare femeile din mediul rural, dar și bărbații din mediul rural până la 30 de ani. Sunt mai agitați bărbații din mediul rural sub 45 de ani și femeile din mediul urban sub 45 de ani, ‘Tremura’ mai ales femeile din mediul rural sub 45 de ani și ‘ Transpira’ mai frecvent bărbații. De asemenea ‘strânge scaunul’ bărbații din mediul urban și cei din mediul rural

peste 45 de ani. Pacientii din mediul rural ‘ dau din picioare’ si ‘ inchid ochii’ mai frecvent ca restul. ‘ inchid gura’ mai ales barbatii din mediul rural peste 31 de ani si cei din mediul urban sub 30 de ani, ‘ridica mana’ in timpul tratamentului femeile din mediul rural si barbatii din mediul rural sub 30 de ani. Tot femeile din mediul rural 31- 45 de ani ‘ cer pauza’ mai frecvent si ‘ evita tratamentul’. Greata ‘ acuza femeile si barbatii sub 30 de ani din mediul rural si femeile peste 45 de ani tot din mediul rural. ‘Tipa’ femeile din mediul rural, cele sub 30 de ani din mediul urban si barbatii sub 30 de ani atat din mediul urban cat si rural. Am intalnit 2 cazuri de agresivitate in randul barbatilor din mediul rural 31-45 ani. De asemeni am avut cazuri de lipotimie frecvente in randul barbatilor sub 45 de ani. Nu s-a confirmat ipoteza pentru comportamentele : ‘ loveste’ si ‘ plange’.

Un capitol distinct este la finalul lucrarii : **Concluzii finale.**

1. Exista factori de stres in cabinetul dentar care actioneaza diferit asupra subiectilor, iar aceasta reactie este influentata si de varsta subiectului, sex si mediul de provenienta : urban –rural.

2. Reactia in fata factorilor de stres (copingul) este si ea influentata de aceleasi variabile : varsta , sex, mediu de provenienta (urban - rural).

3. Pacientii din mediul rural sunt mai putin influentati de ‘detalii’ ca : timp, asteptare, lipsa de respect, aglomeratia din sala de asteptare, culoare, invadarea spatiului intim, teama de a contacta o anumita boala, dar au probleme cu : vederea sangelui, a instrumentelor si zgomotul. Ei solicita in general efectuarea tratamentului aproape in orice conditii ,numai sa ‘ scape ‘ mai repede, sa nu vina de multe ori si sa nu coste mult. Nu tin cont, in marea majoritate, nici de programari, nici nu au probleme cand sunt nevoiti sa astepte.

4. Pacientii din mediul urban sunt in general grabiti, atenti la detalii, cauta personal al carui comportament sa fie in concordanta cu asteptarile lor, un cabinet ordonat si curat. Sunt in general familiarizati cu tratamentul stomatologic si mai putin stresati de vederea sangelui si a instrumentelor (mai putin barbatii). Respecta programarile si sunt stresati de intarzierea tratamentului si de prezenta multor persoane in sala de asteptare.

5. Pentru barbati este mai stresant sa astepte, sa vada sange sau instrumente, sa li se proiecteze lumina in fata si sa simta praf de dentina decat pentru femei pentru care este

mai stresant comportamentul medicului , teama de a contacta o boala, aspectul cabinetului (mai ales pentru cele din mediul urban).

6. Tinerii sunt mai stresati de timp, starea danturii, culoare, vederea sangelui si a instrumentelor decat cei mai in varsta.

7. Durerea si mirosul sunt factori de stres pentru majoritatea pacientilor , iar prezenta anturajului ii influenteaza pe toti cam in egala masura, depinde mult de persoana.

8. Din punct de vedere al comportamentului pacientii din mediul rural, vorbesc mai mult si se manifesta mai mult fizic : dau din picioare, inchid ochii, evita medicul, lovesc, prind medicul de mana, li se face greata iar cei din mediul urban se agita mai mult, transpira si se intereseaza mai mult de desfasurarea tratamentului.

9. Femeile sunt cele care vorbesc mai mult, tremura, ridica mana, tipa (mai ales cele din mediul rural si cele sub 30 ani din mediul urban),plang si le e greata in timp ce barbatii inchid gura , sunt mai agitati, lovesc, lesina.

10. Tinerii sunt in general mai nerabdatori, vorbesc mai mult, dau din picioare mai frecvent ca si cei mai in varsta.

11. Exista un comportament general de intarziere a tratamentului (trage de timp) la toata categoriile de subiecti.

12 . Factorul ‘ Miros ‘ nu difera semnificativ in functie de nici una din variabile.

13. Comportamentele ‘ Plange ‘ si ‘ Durere ‘ nu difera semnificativ in functie de nici una din variabile.

14. Subiectii din mediul urban solicita informatii legate de tratament.

15. Unii subiecti declara faptul ca daca isi recunosc teama de medic, duce la o scadere a anxietatii fata de actul stomatologic, o explicatie ar putea fi si faptul ca ei se asteapta ca medicul cunoscand acest lucru sa fie mai atent cu pacientul si la manoperele pe care le executa.Trebuie sa recunoastem faptul ca apare un transfer emotional la majoritatea medicilor, un pacient stresat putand sa induca aceeasi stare si medicului.

16. Cele mai semnificative diferente apar atat in cazul factorilor de stres cat si in cazul comportamentului in relatie cu variabila independenta « Mediu » ceea ce semnifica faptul ca medicul va trebui sa-si modeleze comportamentul in relatie ca pacientii mai ales in functie de mediul de provenienta al acestora.

17. Rezultatele confirma faptul ca exista factori de stres in cabinetul stomatologic semnificatia lor fiind diferita pentru pacienti in functie de sex, varsta si mediu socio-economic iar, comportamentul acestora este dependent de aceleasi variabile.

18. Concluziile au semnificatie statistica, medicul este dator sa se adapteze fiecarui pacient in parte pentru ca sunt si exceptii de la rezultatele prezentate datorate altor factori (temperament, stare de moment, antecedente stomatologice, etc ).

19. Din convorbirile cu pacientii si din anamneza am concluzionat faptul ca o mare importanta o au antecedentele stomatologice ale pacientilor deci e nevoie de o mare atentie mai ales cu pacientii aflati la inceputul contactului cu medicul dentist ( mai ales copii) pentru ca o trauma poate fi greu reparata in viitor si cu mare efort insa un pacient care a castigat incredere va putea suporta un tratament mai laborios sau chiar mai dureros mai tarziu fara a fi influentat de factorii de stres.

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77	<b>Zanc I, Lupu I.</b> Stresul in mediul stomatologic. Transilvania stomatologica nr. 3/ iul 2004, p. 90- 95
86	<b>Iamandescu-Bratu I.</b> Un nou test de inducere a stresului psihic in conditii de suprasolicitare, hipermotivatie si factori perturbanti. Consfatuirea Nationala de Psihiatrie ; Timisoara ; 1977
87	<b>Muresanu L.</b> Aspecte sociale ale practicii odontologice. Ed. Med. UMF ‘ Iuliu Hatieganu ‘ ; Cluj – Napoca; 2004 p. 22-56

Teza contine 172 de pagini + anexe, 171 de titluri bibliografice, 38 de tabele si 16 grafice

## **CURRICULUM VITAE**

### **1.DATE PERSONALE**

**Nume:** CIAVOI GABRIELA

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**Starea civila :** Casatorita, 2 copii

**Serviciu:** Universitatea Oradea, Facultatea de Medicina si Farmacie, judetul Bihor

### **2.STUDII**

- Liceul de Matematica – Fizica ‘E. Gojdu’ , absolvit in 1992, sectia Fizica – Chimie

-Facultatea de Medicina si Farmacie, specializarea Stomatologie, Universitatea Oradea, absolvita in 1998

-Facultatea de Stiinte Socio-Umane, Specializarea Psihologie, Universitatea Oradea, absolvita in 2002

-1999-2002 –Medic rezident, specializarea Stomatologie Generala, Universitatea Oradea

-Sustinerea examenului de medic Specialist Stomatologie Generala, martie 2002

-2002- Doctorand, domeniul stiinte medicale, UMF ‘ Iuliu Hatieganu ‘ Cluj Napoca, sub indrumarea Prof.Dr. Pop Angela

-2008- Masterand – Managementul Resurselor Umane, Universitatea Spiru – Haret, Bucuresti

### **3.SITUATIE PROFESIONALA**

-1998-2003 – Preparator universitar, Facultatea de Medicina si Farmacie, Universitatea oradea, Catedra Odontoparodontologie

-2003-Asistent Universitar, , Facultatea de Medicina si Farmacie, Universitatea oradea, Catedra Odontoparodontologie

#### **4. ACTIVITATE PROFESIONALA**

##### **4.1.Activitatea didactica**

-stagii lucrari practice la catedra de Odontoparodontologie din anul 1998

-indrumator 6 lucrari licenta

##### **4.2.Afilieri :**

-CMDR, AMSPPR

#### **5.ACTIVITATE DE ELABORARE SI PUBLICARE LUCRARI**

-participare la 12 manifestari stiintifice ( conferinte, simpozioane, sesiuni) in domeniul medicinei dentare

-2 articole publicate in revista ‘Transilvania Stomatologica’ Cluj – Napoca

#### **6.APTITUDINI**

- Limbi straine : engleza-avansat, germana - mediu, franceza – mediu

-Utilizarea calculatorului:sistemul de operare Windows, utilizare Microsoft Office, prelucrare numerica a datelor experimentale in SPSS, utilizarea facilitatilor Internet

#### **Articole publicate**

1.Studierea copingului in cabinetul stomatologic cu ajutorul grilei de observatie, Transilvania Stomatologica, 1/2005, Cluj Napoca

2.Influenta factorilor de stress din timpul tratamentului stomatologic asupra comportamentului barbatilor comparative cu femeile, Transilvania Stomatologica, 1/2007, Cluj – Napoca

#### **Lucrari publicate**

1.Caiet de Lucrari Practice – Lajosi P., Ciavoi G., Pirte A., Oradea, 2002

2.Medicina Dentara Practica – Lajosi P, Ciavoi G, Pirte A.,Oradea , 2003

3.

#### **Lucrari stiintifice comunicate**

1.Aspecte psihologice privind restabilirea functiilor aparatului dento-maxilar.Popa M, Pirte A., Cacuci ( Ciavoi) G.,Sesiunea Anuala de Comunicari Stiintifice, ed. a VII -a Oradea, 1997

- 2.Aspecte psihologice ale adaptarii pacientului la proteza dentara Pirte A., Cacuci ( Ciavoi), Popa M, G.,Sesiunea Anuala de Comunicari Stiintifice, ed. a VII -a Oradea, 1997
- 3.Anomaliile dentare de numar in sindroamele plurimalformative.Bembea M.,Cacuci ( Ciavoi) G. - Sesiunea Anuala de Comunicari Stiintifice, ed. a IX -a Oradea, 1999
- 4.Frecventa anomaliilor dento – maxilare in prima perioada a dentatiei mixte – Cacuci ( Ciavoi) G., Pirte A - Sesiunea Anuala de Comunicari Stiintifice, ed. a X -a Oradea, 2000
- 5.Anomalii dentare de forma in sindroamele plurimarformative – Cacuci ( Ciavoi) G.,Pirte A., Sesiunea Anuala de Comunicari Stiintifice, ed. a X -a Oradea, 2000
- 6.Aspecte privind abordarea bolii parodontale – Pirte A., Ciavoi G., Sesiunea Anuala de Comunicari Stiintifice, ed. a XII -a Oradea, 2001
- 7.Studiu asupra eficientei indepartarii placii bacteriene prin folosirea periei dentare normale si a celei electrice la grupe de varste 6-10 ani, Ciavoi G., Pirte A., Sesiunea Anuala de Comunicari Stiintifice, ed. a XII -a Oradea, 2001
- 8.Anomalii dentare – cheie de diagnostic in sindroame plurimalformative – Vancsik I. , Iova G., Ciavoi G., Lacsiko M., Congresul National de Genetica Medicala

SUMMARY thesis DOCTORAT

INFLUENCE OF STRESS FACTORS IN dental office on the behavior PATIENTS

PhD: Ciavoi Gabriela

Scientific leader: Prof. Dr. Angela Pop

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PhD thesis contains 172 pages of the first part (general part) contains 42 pages which is approximately one quarter of work and research covers the rest of its 130, which represents three quarters.

**General Part** is in its turn divided into four chapters: General information about stress, stress factors, methods of research used in psychology and analysis.

In the **chapter I** on the psychological stress that the issue of stress and characterize general definition, vulnerability and adaptation to stress factors favored psychological stress in the production (a relationship that is fundamental to psychological processes and factors of pollution of contemporary life) and dealing with stress different types of personality.

**The second chapter** deals with notions on the question of stress factors: characteristics, stressful situation, the classification factors of stress, response to stress factors (coping mechanisms). Also in this section we extract the main behavioral reactions (coping mechanisms) that we could meet when the subject is subjected to the action of stressing factors. We can meet three types of coping: behavioral, cognitive and neurobiological. We studied the paper in front of coping behavior, and physical responses of subjects. Coping refers to cognitive mechanisms of processing information in order to reduce the stress reaction and coping neurobiological refers to reactions of physiologic subject.

**In the third chapter** we reviewed the main research methods used in psychology, from which we selected those that we considered useful in our research We mentioned in this chapter: observation, case history, consultation, test, experiment, questionnaire, interview, survey, case study. In the last chapter of the general method we treated with whom we analyzed the data and consequently we have obtained results and drawn the conclusion. For data analysis we used SPSS program.

Methods of analysis can be manual or later there are special programs for data analysis. One of these programs we used in this study is SPSS. The SPSS (Statistical Package for the Social Sciences) is one of the most frequently used in statistical analysis of data.

**Part is special** in turn divided into two chapters: the identification of stress factors and the patient.

Identification of stress factors in turn includes: working hypothesis, the purpose of the paper, the theoretical study materials and methods, results and discussion, analysis and conclusions.

**Theoretical basis** of the study is based on the premise that there are stress factors in the dental office, this hypothesis formulating and working. Stress factors we follow in order of their appearance in the perspective of dental treatment.

1. Before submission to cabinet stom. Stressing factors are: the threat, time pressure, uncertainty, lack of information

2. Waiting room. Stressing factors in the waiting room are:

- Psychological: threat, time pressure, the prospect of pain, infectiousness information, crowd into a closed space, and the medical care
- Physics: noise, smell, light, color, order and cleanliness

3. Dental office:

- psychological factors: pain, fear of disease, invasion of intimate space, uncertainty, the mates, keywords: syringe needle, etc.
- Physical factors: noise, smell, light, color, taste, heat, dust dentine, blood view, view tools, vibrations

I delivered two working hypotheses:

**Hypothesis 1:** There are factors of stress in the dental office.

**Hypothesis 2:** There are differences in terms of stress factors in terms of gender, age and socio-economic environment.

I have used notions of:

- Variables are independent (VI)-any stimulus that may have influence on the relevance of services behavior. They or may be fixed in advance or may be selected randomly.
- Variables dependent (VD)-This behavioral performance have to be sensitive to variations independent variable

In this case independence variables are: age, gender, socio-economic environment; dependent variables are the stress factors mentioned above.

**Research methodology** was developed by a group of 240 subjects, patients of a dental office town, but has many patients from rural areas due to lack of doctors in rural area .The subject's selection was done by a researcher who was while dental and helped by an environment (practice nurse) first trained .First were several subjects, some are being disposed of by a researcher (non, inaccurate answers, etc), to be themselves by the failure of therapy sessions conducted during the research.

Subjects were divided into 20 groups by respecting the criteria of age (3 groups: 17-30 years, 31 - 45 years, 46-60 years. For every topic I constructed a chart that includes personal data anamnesis, the answers to the questionnaire data , the scale of observation.

Sheet contains the following observation: Name, sex, age, health status, history-hereto collateral, social and above current place in the family (the puppy child, how many brothers), level of education, training schools, specialty, location work, significant data on previous experiences in connection with dental treatment (for personal or lived entourage), interests in leisure, hobby.

**Results.** We could find that: Exit stress factors in the dentist office , factors that differentiate the influence they have on different groups of study. Stressing factors: time, lack of respect, waiting, crowd in the waiting room, noise, color, affect more patients in urban areas. Patients are more patient in rural areas.

This circle is not significantly influenced. The medical personnel is a factor of stress for patients from urban areas, especially for women over 30 years and men over 45.

The smell is a factor of stress for most patients, and pain to these factors no significant differences in the population studied in terms of their perception of stress factors.

Patient behavior in turn includes: working hypothesis, the purpose of the paper, the theoretical study materials and methods, results and discussion, analysis and conclusions.

**Theoretical basis** of the study is based on the premise that each subject

responds differently to the stressing factors. The most frequently encountered behaviors in dental office are talking more, agitated, frequently interrupt treatment, shaking, strange chair, kick, close your eyes, constrict orbicular muscle, raise your hand, girl, follow your doctor moves, avoid nausea, hit, cry, faint

I delivered the working **hypothesis**: There are significant differences between the patients subjected to stress factors in dental office, depending on gender, age and environment of their origin.

In this case independence variables are: age, gender, socio-economic environment and dependent variable is represented by the patient.

**Research methodology.** Subjects were the same as in the first part of the research, share the same grupe. Am used as an instrument of observation grid in which the observer noted the patient in the waiting room, dental office and during tratamentului Teh results have been overlooked in tables: in a table were past the gross for each behavior and emphasizing the total on row and column in the second table based on the results of the first were calculated frequencies of occurrence of behaviors.

Analysis of the results was done with the SPSS program to determine significant behaviors.

Our **results** confirm that there are specific behaviors that occur in patients subjected to dental treatment and the fact that there are significant differences in event based on age, gender and social environment - the economy.

We found that 'much talk' in the waiting room of rural women, but men from rural areas to 30 years. Are 'shaken' rural men under age 45 and women from urban areas in 45 years,

'Dither' especially rural women under 45 years and 'sweat' frequently mens. De also 'collect seat' men in urban and rural people in over 45 rural years. The patients 'shake the legs' and 'closed eyes' more often as the rest. 'Shut' mainly men from rural areas over 31 years and those from urban areas under 30 years. 'Ridica hand' during treatment of rural women and rural men under 30 years. Women from rural areas 31 - 45 years' time demand 'more frequently and' avoid treatment. 'Great' accuse women and men under 30 years of rural and women over 45 years in all rural areas. 'Holler' women in rural areas, under 30 years from urban men under 30 years in both urban and rural. I found 2 cases of aggression among rural men 31-45 years. De also had cases of lipotimie common among men under 45 years. It's not confirmed the hypothesis for the behaviors: 'hits' and 'cry'.

A separate chapter is at the end of the book: **Final conclusions.**

1. There are factors of stress in the dental office that acts on different subjects, and this response is influenced by subject age, gender and environment of origin: urban-rural.
2. Reaction to the stress factors (coping) is also influenced by the same variables: age, gender, environment of origin (urban - rural).
3. Patients in rural areas are less influenced by 'details' such as: time, waiting, lack of respect, crowd in the waiting room, color, intimate space invasion, fear of contacting a specific disease, but have problems with blood view, instruments and noise .. They generally require the making of almost any conditions, only to



'escape' soon, do not come often and not related to cost a lot. They in the vast majority, no programming, no not have problems when they are forced to wait.

4. Patients from urban areas are generally in a hurry, attention to detail, looking for staff whose conduct is in line with their expectations, a cabinet and ordered clean. Are in generally familiar with dental treatment and less stress and blood order the instruments ( less men). meet schedules and are stress and delay treatment of this many people in the waiting room.
5. Men are more stressful waiting to see blood or instruments, is to design light in front and feel the dust dentine than for women which is more annoying the doctor, fear of contacting a disease, the cabinet (especially for those from urban areas).
6. Young people are more stress time, the state of toots, color, order blood and instruments than those older.
7. The pain and smell are the factors of stress for most patients, and this circle ii influencing all about equally, much depends on the person.
8. In terms of behavior patients from rural areas, speak more and more manifest physically: they standing, close your eyes, avoid the doctor, hit, catch your hand, make them nauseous and the urban bustle May much sweat and more interested in developing the treatment.
9. Women are talking more, shaking, arm lift, girl (especially those in rural areas and those under 30 years in urban areas), it is crying and nausea while men close the mouth, are more agitated, hitting, passing out .
10. Young people are generally more eager, more talk, give the feet more often and those older.
11. There is an overall delay of treatment (draw time) to all categories of subjects.
12. Factor "smell" does not differ significantly according to any of the variables.
13. Behaviors "crying" and "pain" does not differ significantly according to any of the variables.
14. Urban subjects request information related to treatment.
15. Some subjects stated that if they recognize the fear of doctors, resulting in a decrease of anxiety from the dental schools, one explanation could be that they expect the doctor to know this to be more careful with the patient. They must to recognize that a transfer occurs most emotionally doctors, patient stress able to induce the same state and the doctor.
16. The most significant differences occur when both stress factors and behavior when dealing with the independent variable "Medium" which means that the doctor will have to shape their behavior in relation to particular patients depending on the origin of the them.
17. The results confirm that there are stress factors in their dental office meaning is different for patients according to sex, age and socio-economic environment and behavior is the same dependent variables.
18. The findings were statistically significant, the physician is obliged to adapt to each patient in part because there are exceptions to the results presented by other factors (temperament, state of the moment, dental history, etc.).
19. From conversations with patients and anamnesis we concluded that an important history have dental patients need so much attention especially with patients who were at the beginning of contact with your dentist (especially

children) for a trauma can be difficult repaired in the future with great effort, but one patient who gained confidence will support a more laborious or even more painful later without being influenced by stress factors.

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Sentence contains 172 pages + annexes, 171 titles in literature, 38 tables and 16 graphs

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### **Published articles**

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- 2.Influenta factors of stress during dental treatment on the comparative behavior of men to women, Dental Transylvania, 1 / 2007, Cluj - Napoca

### **Papers published**

- 1.Caiet works of Practice - Lajos P., Ciavoi G., A. Pirte, Oradea, 2002
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