

# The reasons for seeking dental services from unqualified operators: A qualitative study

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## Abstract

Dental services are widely available in Malaysia, but individuals are continuously reported seeking the services of non-dentists. This study was aimed at exploring the reasons for seeking dental services by individuals from unqualified operators. A qualitative study was carried out and recruited individuals who sought dental treatment from the operators. The participants were identified from the operators' online advertisement, and social media and using a snowball sampling method. Interviews were conducted face-to-face and through online meetings and recorded digitally. Structured, open-ended, and probing questions were asked using a list of topical guided questions. The recordings were transcribed, and thematic analysis was carried out using Atlas.ti Version 9. The eight participants included in this study had fitted orthodontic appliances and dental veneers and received tooth whitening services done by unqualified operators. The reasons were classified into two main themes. The dental aesthetic reasons are related to the dissatisfaction with teeth presentation including malocclusion, dental spacing and teeth whitening. The theme of *non-dental related* reasons is categorised into four subthemes: following the trend, cost of services, naïve and access to services. The reasons for seeking dental services from unqualified operators are multifactorial. Individuals who seek services from unqualified operators have a valid need for treatment, but their decision is strongly influenced by non-dental reasons, of which the high cost of treatment at private dental clinics and being naïve about dental services are likely the most important. More public campaigns should be done to educate and raise awareness on the issue to the public.

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## Introduction

Dental services in Malaysia are regulated and treatment can only be performed by dental professionals for better healthcare and to safeguard the population from health risks. Individuals who seek dental treatment from non-professionals are not addressing their dental health concerns but putting their health at risk as the result of

complications of 'treatment' failure and cross infection such as severe gingivitis, dental infection, periodontitis, loss of tooth and pain.

In the past years, there have been reports involving non-dental professionals providing dental services to the public in journal articles and mainstream media (Che Musa *et al.*, 2019; Fatimah, 2017; MDA, 2017; Murali, 2017; Nor Azlida *et al.*, 2020). The

individuals are unqualified *operators*, aka *fake, bogus, or quack* dentists, with no proper education or training in the field who provide the services at obscure locations and at a lower cost than registered dental practitioners (Che Musa *et al.*, 2019). Thus far, the services offered by the operators include but are not limited to, tooth whitening, dental prosthesis, cosmetic veneers, and orthodontic braces.

It is safe to assume that the operators provide the services for monetary gains. However, it is not clear why individuals seek their services despite the widely available safe options at public and private clinics and hospitals. Factors such as online advertisement, access to dental clinics, long waiting times, high cost of treatment, and poor awareness have been mentioned to influence individuals seeking to fit fake braces (Nor Azlida *et al.*, 2020). Nevertheless, there is lacking scientific evidence to support the claim. A better understanding of the factors can help stakeholders plan strategies to better protect the population from illegal and unsafe practices. Hence, this study was aimed to understand why individuals seek treatment from the unqualified operators,

## Materials and Methods

The ethical approval for the study was obtained before data collection (USM/JEPEM/19120882). The participants were briefed about the purpose of the study before obtaining the written consent. No ethical concerns arose from the participants and no emotional distress was noticed during and after the interview.

### Study design and participants

This was a descriptive phenomenology study using an in-depth semi-structured interview method. The participants included were Malaysians aged over 18 years who can communicate in the Bahasa Malaysia or English language and received dental-related services from the operators. The study used a purposive sampling method and applied three different recruitment methods to increase the chance of finding a

suitable participant. One method was by posting and sharing an online advertisement about the study on the researcher's social media and personal contact and asking the readers/recipient to disseminate it; the advertisement appealed to the potential participants to contact the researchers. Another method was by searching the operators' online advertisement and communicating with individuals who had commented in the discussion thread via personal message and shared the online advertisement. The third was using snowball sampling by asking individuals who had visited an operator to introduce someone they know with a similar experience. Each individual who responded was screened based on eligibility to participate, explained about the objective of the study and given an appointment for a recorded online or in-person meeting. This study planned to collect the sample size based on the concept of saturation sampling whereby data collection is ended when no new information emerged.

### Interviews

A trained researcher met the participants between February 2020 to February 2021 either using an online meeting platform (Webex by Cisco) or face-to-face according to the change in the Movement Control Order during the COVID-19 pandemic which restricted travelling and interaction between people. The participants then completed the consent forms and background questionnaires using online Google or paper forms, depending on the type of meeting, before the interview started. The interview began with icebreaking and was followed by topically guided questions (Castillo-Montoya, 2016). Simple layman conversation was used to frame the issues as an open-ended statement and probing questions starting with simple and general questions and then followed by specific questions. The interviews took between 30 minutes to 1 hour time to complete. At the end of the interview, the participants were counselled about seeking treatment from a qualified dentist, and the hazards and legality of the services operator. The sessions were recorded using the built-

in software in Webex or a digital audio recorder.

**Data analysis**

The recordings were transcribed, and the transcript was double-checked by two researchers. Data was entered into Atlas.ti Version 9 software and thematic analysis was carried out. Themes and subthemes were coded and derived according to the 6-step thematic analysis checklist (Braun & Clarke, 2006); familiarization of data, generating codes, searching, and collating codes into themes, reviewing the themes, defining, and labelling themes, and writing the report. The analysis started by asking whether the participants had a true dental reason for visiting the operators and then explored the reason behind seeking each

type of dental service; the finding uncovered one of the main themes. Other reasons included a mix of individual circumstances and experiences explaining the visit to the operators; to simplify understanding they were grouped into one theme. Codes, such as cost, sponsorships, discounts, influence, knowledge, curiosity, gullibility, and access were derived and used in the analysis to identify and classify the responses before deriving the subtheme. The subtheme labels of the second theme were derived by generalizing the range of responses without inclination to a particular response. In this report, the corrections to the English language spoken by the participants and supplementary information for clarifying the sentence are added in parenthesis when necessary.

Table 1. Sociodemographic information of participants.

Characteristics	Category	Participants, n
Sex	Female	8
Education level	PMR or below	2
	SPM	2
	STPM, pre-university and equivalent	1
	Bachelor’s degree	3
Occupation	Unemployed	3
	Self-employed	4
	White collar	1
Monthly income (RM)	<1000	5
	1000-3000	3
Living area	Rural area	3
	Suburban	1
	Urban	4
Recruitment	Advertisement	5
	Snowball	2
	Operators’ advertisement	1
Services	Orthodontic bracket	5
	Veneer	2
	Whitening	1

## Result and Discussion

### Participants

A total of ten individuals responded to the advertisement and were interviewed but two were excluded after the interview because they only purchased online dental products for home use and neither visited nor received physical services. Two participants were interviewed face-to-face following the SOP during the recovery Movement Control Order period and eight, in an online meeting. The participants were all females ranging from 21-56 years old with diverse backgrounds, educational levels, occupations, incomes, and living areas (Table 1). Five participants had orthodontic bracket fitted (n=5), two had dental veneer fitted (n = 2) and one had tooth whitening service (n = 1) from unqualified operators.

The analysis found multiple and overlapping reasons for seeking services from

unqualified operators and classified them into two major themes: dental aesthetics and non-dental reasons.

### Dental aesthetics

All participants elucidated their teeth characteristics related to aesthetics that led them to the operators. Three subthemes were identified based on the description of the dental conditions: malocclusion, dental spacing, and whitening (Table 2). In describing malocclusion, the participants who fitted orthodontic brackets used the terms 'double', 'not in line', 'front and back', and 'outward' for irregularities in the teeth alignment. Participants who fitted veneers described having the dental spacing as 'chipped' teeth, or 'gap' or 'holes' between the teeth. Another participant did not mention any condition but only wished to whiten her teeth.

*"...my teeth are like double, front and back." (P4)*

*"...my lower teeth are not in line, like front and back" (P3)*

*"... there is a gap between them. But now already aligned back, ... One of my teeth very high and outward before" (P5)*

*"...that time there is a gap at my teeth, ... much bigger than now... it makes me lose confidence." (P2)*

*"... I actually done braces before, but then my teeth still have a small gap." (P6)*

*"... because my teeth also chipped off that time, then I also don't want when I smile there is small hole there, and the veneer can help me solve this problem." (P7)*

*"For the whitening purpose" (P8)*

Table 2. The themes and subthemes of the reasons for seeking the services of operators.

Theme	Subthemes		
Dental aesthetics	Malocclusion	Orthodontic brackets	
	Dental spacing	Veneers	
	Whitening		
Non-dental related reasons	Cost of services	Expensive at private clinics	
		Incentive: <ul style="list-style-type: none"> <li>i. Sponsorship: family members, friends, operator</li> <li>ii. Discounts by operator</li> </ul>	
	Trend	Social media influencers, friends	
	Naïve	Lack of awareness about dental professionals and services.	Curiosity
			Gullible <ul style="list-style-type: none"> <li>i. Influenced by the desirable outcome.</li> <li>ii. Influenced by the seller’s promise of the desired outcome.</li> <li>iii. Good review on the website</li> </ul>
			Access to services at government dental services.

### Non-dental reasons

The non-dental reasons were categorized into four subthemes: cost of services, trend, naïve, and access to government clinics (Table 2). Of the former, one reason was the complaints about the expensive and

unaffordable charges at the private clinics which compel them to accept the cheaper option offered by the operators. One participant assumed that the cost is cheaper because the venue is not a clinical set-up.

*“... at private clinic, the price is really expensive (RM4500) and I couldn’t afford (it). ...this one seems ok, then cheap also, that’s why I’m interested to do.” (P3)*

*Because of money..., ... if I go to the private clinic, they request RM3000 and above, ... he (the operator) said RM150, so, I went.” (P5) “*

*“...it is very expensive (RM7000), ...I wanted a cheaper one, maybe around RM5000, ... I searched... I found out this offer (RM1700).” (P1)*

*“... I just felt like ...it is cheap ...(because) they did it at hotel. I didn’t think much ... (of it) at that time.” (P1)*

Another reason was the monetary incentives, in the form of cash for part payment and discounts from friends, family

members, promoters, and operators, which tempted them to accept the services.

*"...my son sponsored me RM500, ...friend paid RM300... that's why I went"*  
(P4)

*"...they have ... Nano Whitening and want to sponsor me. What I need to do is just to help them promote..., then I can get it free of charge, but not totally free..., (I) need to pay half..."* (P7)

*"...I didn't actually need it ... she came and said she can sponsor me..."* (P7)

Following current trend is mentioned by young participants who had veneers and tooth-whitening services; they claimed to

have been influenced by social media influencers and friends.

*"...at that time, that is the trend, ...a lot of people also doing it"* (P7)

*"I saw quite a lot of my friends also doing it, a lot of social media influencers also promoting it, quite trendy and famous."* (P7)

*"I think one of my friends also went before, that's why I just went to try"*  
(P8)

Naïve describes the participants' lack of awareness towards dentistry and gullibility. They did not know that the profession and range of services offered by dentists are regulated and that the untrained operators are not. There was also an assumption that the operators were dentists who were

working part-time at the venue. Despite knowing that her operator was not a dentist, one participant accepted teeth whitening services because she believed it had no health risk as the procedure is very common and can be performed anywhere.

*"I don't know ... (that) dentist ...(are) licensed and non-licensed ... I thought ...(the operator was) a part-time or freelance dentist, I didn't expect (know) that they actually didn't (undergo) a proper training at all."* (P1)

*"I thought they just study, then have some knowledge regarding the braces, then maybe she wanted to help those who are poor to make their teeth (to look) nicer..."* (P3)

*"...like not really dangerous"* (P3)

*"I don't know after took off the braces, my teeth will go back to the original place without retainer."* (P2)

*"I don't know (that) dentist also can do this kind of stuff, ... I just feel like they (the operator) can achieve (give) what I want..." (P6)*

*"because that time I never think this thing will be harmful..." (P7)*

The participant who had teeth whitening was curious about what the treatment had to offer and just wanted to try it out.

*"I just wanted to try and see..." (P8)*

Another aspect of naïve is being gullible whereby participants were directly and/or indirectly influenced and manipulated by the operators or peers. One participant who was not satisfied with the small gap between her teeth after her orthodontic treatment believed the operator's claim of a better

result than an orthodontist. Another had questioned why her condition was not treatable. Others related that they were convinced of the ability of the operators based on previous clientele and good reviews on the advertisement.

*"First because he (the operator) came and ask, then my friend also tempted me." (P4)*

*"...still have a small gap (after an orthodontic treatment), I was actually not satisfied with it. Then I saw this offer, and she said can solve my problems, that's why I went." (P6)*

*"Private said if no 'geraham' (molar teeth) cannot do braces. But why they can do, private cannot do..." (P5)*

*"I did doubt if they are registered dentist ... the woman said (a) nurse (was) also (treated by) her. Then I feel like ok... like not really dangerous." (P3)*

*".. I did visit their page, their review is good, that's why I go" (P7)*

Access to government dental services was another notable reason expressed by the participants. Participants in the study who sought orthodontic treatment at the government clinics were denied the services because their cases were not severe enough or they were too old; the clinics only provide orthodontic treatment for children under 18

years. The long waiting time also deters the participants from seeking treatment at government clinics. In an isolated case, a participant who had complications with her fake orthodontic appliance and alleged that she was turned down due to a lack of equipment and unavailable specialists continued her follow-up with the operator.

*"Government said if the tooth problem is not too serious, they won't take." (P3)*

*"... government need to wait for 2 to 3 years right; this one is much faster."*

*(P2)*

*"...I want to do braces at government, ...they offer treatment until 18 years old only..." (P5)*

*"... I asked (the) government (dentist) to open (remove the bracket) only, ... the doctor said he needs to contact the specialist first ..., ... they don't have the equipment. ... said sorry to me, ... go back the same place to take it off." (P5)*

## Discussion

This study investigated the reasons for visiting unqualified operators for dental-related procedures and found two major themes: dental aesthetic issues and non-dental related reasons. The former is related to the dissatisfaction with the appearance of teeth requiring orthodontic treatment, veneers, and teeth whitening. The non-dental related reasons included 4 subthemes: the cost of services, trend, naïve and access to government dental services.

The dental conditions described by the participants are consistent with the description of aesthetic issues and hence, valid clinical reasons and treatment needs. However, fitting braces and veneers, and tooth whitening have also become a fashion trend in South Asia including Malaysia (Chu *et al.*, 2018; Hansen, 2013; Khalid & Quiñonez, 2015; Sorooshian & Kamarozaman, 2018). The trend of presenting oneself with fake braces among young adults to reflect their social status could partly contribute to the increase in the number of operators (Bernama, 2022a). Presenting good dental aesthetics with straight and white teeth is not just about following trends. Perception of aesthetics is embodied biologically, culturally, and socially with the intention to demonstrate/project class difference and social advantage through values attached to beauty, maturity, prestige, and status (Goldstein *et al.*, 2018; Khalid & Quiñonez, 2015). Nevertheless, aesthetic issues are of great concern to the participants as one

participant highlights that it is affecting self-confidence. This study, however, did not investigate which category the participants belong to among the above. The dental aesthetics issues, including the participants' determination to address them, could be the major reasons, and the non-dental reasons strongly influenced the decision to seek the services from the operators. The decision of the participants to address their issues is therefore understandable.

The participants always choose the lower cost of services; thus, it is likely the second most important reason after aesthetics; this is supported based on the income background, awareness of the difference in the cost, and choice of lower service fees. The high cost of orthodontic treatment at private clinics is not affordable to many in the lower-income group (Han, 2019). Although the cost of orthodontic services at government clinics is lower compared to the private practitioners, the services have age restrictions, severity criteria and a long waiting time that does not suit the participants. Government clinics do not provide cosmetic services such as veneers and bleaching routinely. The focus is on promotive programs and primary oral health care whilst specialist care provides a corrective treatment for patients in need (MOH, 2022).

The operators seem to be proactive in marketing their services by inducing dental aesthetics trends through social media influencers and using the internet to reach individuals searching for cheaper alternatives (Hörster, 2015; Park, 2020).



They also promote their activities by offering discounts for their clients and sponsoring social media influencers. One of the participants is a social media influencer claiming to have received a half-price discount for promoting the operator's services on social media postings; targeting an influencer with a large fan base as a platform for marketing services and products could be a good strategy for the operators (Nor Azlida *et al.*, 2020). As of now, the impact of trends that are prompted and inspired by social media influencers is not clear, but they should be discouraged from collaborating with the operators. It is unfortunate to learn that there are family members who sponsored the participants; unless they have liaised with the operator, they might be thinking that they are helping the participants with their dental problems.

As mentioned earlier, the subtheme naïve can include characteristics including, but not limited to, the lack of knowledge, experience, rationale, or judgment about dentistry, the profession and risk of complication from the services, and gullibility towards the marketing approaches and influence of the operators. The news about the law enforcement raids on illegal dental operators' premises suggests an unknown size but expected to be a large demand for the services, implying a significant proportion of the public is still not aware of the existing regulations for check and balance of dental practice in Malaysia to ensure the safety and minimize the risks of treatment procedures (Iskandar, 2022; Bernama, 2022a). Hence, efforts to increase awareness of the regulation of dental services and the risk of getting services from illegal operators should be continuously promoted (Bernama, 2022b).

Although there is little issue regarding access to dental services in Malaysia, access to affordable services is not well documented. The cost of dental services can be unaffordable to many people, particularly cosmetic-related services and to those from the lower income groups. The limited services at the government clinic are comprehensible as they are focused on a targeted population including children,

older people and those with special needs due to manpower and budget constraints (MOH, 2022).

The reasons for seeking dental services from illegal operators are multifactorial and involve interplays between the need for treatment, the understanding of how to obtain it, cost, and access. Curbing illegal practices can help safeguard the dental health of the population; one approach is by regulating and monitoring the provision of such services on websites and social media. Authorities may also collaborate with social media influencers to raise awareness among the public on this issue (Nor Azlida *et al.*, 2020).

The number of participants in the study is small due to difficulty in finding individuals meeting the criteria and obtaining their consent due to unwillingness to share the experience because of embarrassment and wanting to forget the experience and having difficulty meeting face-to-face due to Movement Control Order. This study also avoided recruiting older people who had their dental prostheses done by illegal operators for fear of spreading COVID-19 and because of their lack of skill in using online meeting software. Because of these, data saturation is not achieved as planned. Nevertheless, some findings have been consistent with the opinions of Nor Azlida *et al.* (2020). Based on these limitations, interpretations of the findings should be made with caution.

An advantage of this report is that the data was collected using a scientific method from the actual source who has experience dealing with the operators. In addition to overlapping findings, this report also offers new insights from the perspective of the participants and has described the reasons in the respective categories.

## Conclusion

The reasons for seeking dental services from unqualified operators are multifactorial and related to dental aesthetics issues and non-

dental related reasons. Malocclusions, dental spacing and teeth whitening are some of the dental reasons, but they are likely to be greatly influenced by the high cost of services at private dental clinics and being naïve about dental services and professions, and marketing strategies of the operators. Other concerning reasons are social trends relating to dental aesthetics and access to government dental services. Further related studies are recommended to understand the reasons for individuals seeking unqualified operators for dental prostheses and other treatments. Promoting awareness of dental services and enforcing the regulation may help curb the unqualified operators' operations.

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