Management in health
XXVIII/4/2024; pp. 8-13

FAIR-PLAY AND FAIR-TRADE TACTICS IN DENTAL SERVICES MANAGEMENT

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INTRODUCTION. The concept of fair play involves fair and transparent practices in relations with patients, staff and business partners, ensuring an environment of trust and respect, and the concept of fair trade refers to equitable commercial transactions, which respect the rights of suppliers and ensure decent working conditions.

THE PURPOSE of this research is to analyze and evaluate fair-play and fair -trade tactics applicable to the management of dental services

CONCLUSIONS. The achievements of the present research, obtained both from the theoretical analysis of the literature and the conceptual framework regarding fair-play and fair-trade, and from the interpretation of data collected from a sample of dentists, provide a complex and, at the same time, provocative picture of the current state of the profession

The study confirms the hypothesis that there is a gap between the declared ethical values and those effectively internalized in the management of dental practice.

Keywords: fair-play, fair-trade, dentistry

I. INTRODUCTION

The concept of fair play involves correct and transparent practices in relations with patients, staff and business partners, ensuring an environment of trust and respect, and the concept of fair trade refers to equitable commercial transactions, which respect the rights of suppliers and ensure decent working conditions. Keywords: fair-play, fair-trade, dentistry.

II. PURPOSE and OBJECTIVES

The purpose of this research is to analyze and evaluate fair-play and fair-trade tactics applicable in the management of dental services, with a focus on their impact on the quality of services, patient satisfaction and economic sustainability of dental practices. The research provides concrete recommendations for managers and professionals in the field, facilitating the adoption of equitable strategies that promote both the interests of patients and the economic sustainability of dental service providers.

OBJECTIVES

1. To explore the concepts of fair play and fair trade and their applicability in the dental services sector. 2. To assess the impact of adopting fair play and fair trade practices on service quality and patient satisfaction in dentistry.
2. To develop recommendations for improving management policies and practices in dentistry by integrating fair play and fair trade tactics.

III. METHODOLOGY

The research method includes both qualitative and quantitative analysis.

Qualitative research involved interviews and focus groups with dental professionals, patients and providers to gain insights into fair play and fair trade practices.

Quantitative analysis involves collecting and analyzing statistical data on the implementation of these principles in different dental practices, assessing the impact on patient satisfaction, operational efficiency and financial performance.

This combined approach will allow for a comprehensive understanding of how fair play and fair trade tactics can be integrated into the management of dental services.

The following resources and materials were used:

- Books, scientific articles and specialized studies on ethics in dentistry, dental services management, fair competition and fair trade.
- National and international legislative documents and regulations on ethical and commercial practices in the medical and dental fields.
- Economic reports and analyses on the sustainability of dental services and the impact of fair trade strategies.

The study is descriptive and exploratory, with the objective of identifying and analyzing ethical and commercial practices used in dental services management, as well as their impact on service quality and economic sustainability

The empirical data collected are based on questionnaires and surveys applied to dentists to assess the perception of ethical and commercial practices in the field, semi-structured interviews with specialists in dental management, medical ethics and public health policies and on case studies on the implementation of fair-play and fair-trade tactics in dental offices and clinics from various regions.

To substantiate this research, a questionnaire was applied to dentists to assess the perceptions and applicability of ethical and commercial principles in dental offices. It included closed and open questions, grouped by relevant areas: demographic data, Professional ethics and fair-play in the relationship with the patient, Fair commercial practices (fair-trade), difficulties, challenges and recommendations offered. Obtaining informed consent was essential to ensure compliance with ethical principles in research, guaranteeing voluntary, conscious and unconstrained participation of the dentists included in the study.

Consent was obtained by providing a written form, which explained the purpose, methodology and rights of the participant.

55 dentists from several dental clinics in Timișoara and its vicinity participated in the study, with an age ranging from 25 to 72 years and an experience level from 0 to 47 years.

Analysis and evaluation tools used were:

- Statistical software for processing and interpreting the collected data (e.g. SPSS, Excel).
- Comparative analysis techniques to identify differences and commonalities between international models of good practice and the local context.
- Reference studies and international benchmarks.
- Analysis of successful examples from other medical systems that have implemented ethical and fair trade principles in dental services.
- Comparison of strategies applied in countries with strict regulations on fair competition and cost transparency.

IV. RESULTS

Descriptive analysis of the sample

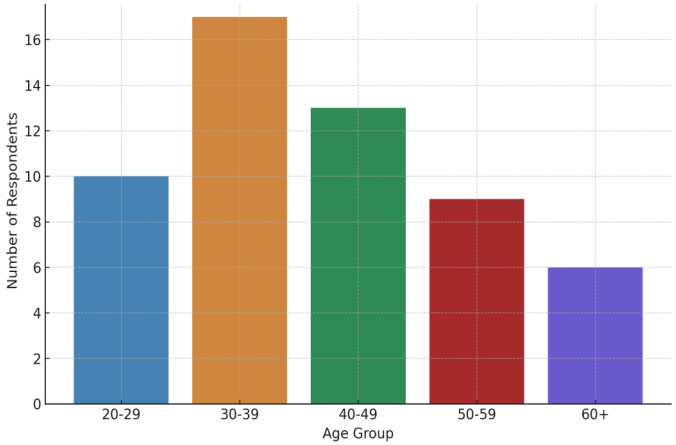
Demographic analysis

The demographic data collected provide a balanced and representative picture of the professional structure of respondents in the dental field.

From the point of view of the distribution by age group, the best represented category is that of doctors aged between 30 and 39 years (18 respondents), which indicates a predominance of practitioners in the professional consolidation stage.

At the opposite pole, the 60+ segment was the least represented (5 respondents), probably reflecting a gradual withdrawal of this age category from current activity or a lower level of involvement in research initiatives.(Figure 1)

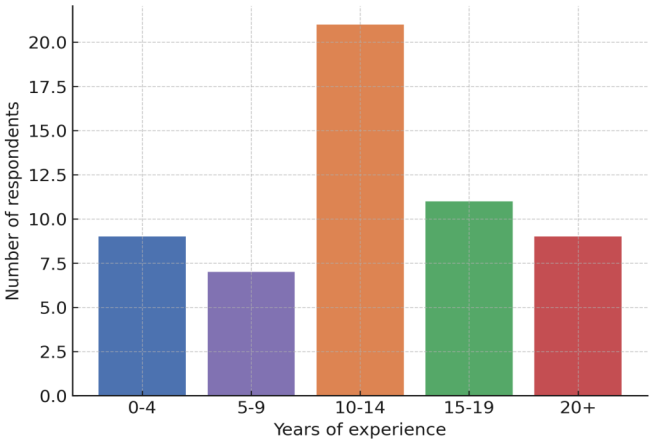
Figure 1 – Distribution of the batch according to the age segment of the respondents



The gender distribution shows a slight preponderance of women (30 respondents) compared to men (25 respondents). This relatively small difference suggests a progressive gender balance in the dental profession, in line with current trends in the healthcare labor market.

In terms of years of professional experience, the best represented category is that of doctors with 10–14 years of activity (21 respondents), followed by the higher categories, which indicates a sample with an advanced degree of clinical maturity. The category with 5–9 years of experience is significantly less represented (7 respondents), which may suggest either a lack of interest of young doctors in the topic of the study, or a lower proportion of them in the general structure of the profession. (Figure 2)

Figure 2 – Distribution of the batch according to the participants' experience (years)



The structure of the type of medical practice is unbalanced: private practice clearly dominates the sample (51 respondents), while public practice is represented by only 4 participants. This imbalance can be interpreted as an indication of the migration of the profession to the private sector, but also as a possible methodological limitation in accessing respondents from the public sector.

Regarding the relationship between demographic variables, the Pearson correlation analysis between the age of doctors and professional experience indicates a strong positive correlation (Pearson coefficient = 0.91, p-value = 0.0000). This statistically significant association confirms the logical assumption that, as the age of the doctor increases, his level of professional experience also increases. This relationship supports the validity of the demographic metrics used in the study and their relevance in analyzing ethical dental practices. The positive coefficient suggests that people in older age groups tend to have more professional experience. The correlation is very strong and confirms the expectations that age and professional experience evolve together.

The coefficient of determination R^2 is 0.82, which means that approximately 81.9% of the variation in experience can be explained by variation in age. (Figure 3)

Analysis of dental practices

Respect and non-discrimination are essential pillars of ethics in dental practice.

Doctors' perception of the application of these principles in their current activity may reflect both

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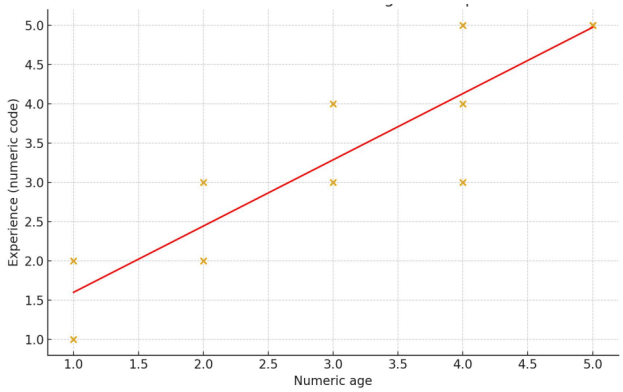
Figure 3 – Direct correlation highlighted between years of experience and age of participants

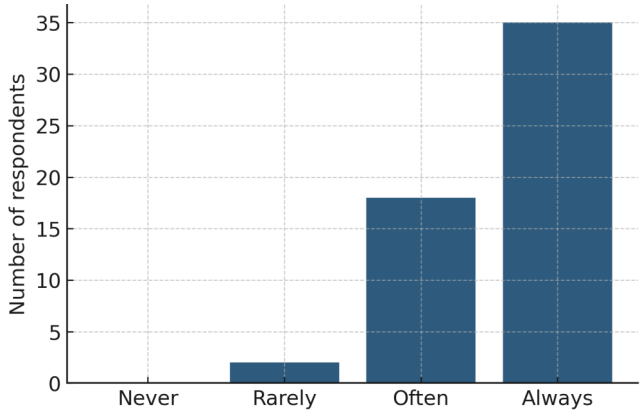


personal values and the organizational culture of the professional environment in which they work.

This analysis aims to describe how dentists perceive the degree of respect and fair treatment given to patients, as well as to investigate the correlations between this aspect and demographic characteristics such as age, professional experience and type of medical practice.

Of the total of 55 respondents, 35 (63.6%) stated that they always treat patients with respect and without discrimination, and 18 (32.7%) indicated that this often happens. Only 2 (3.6%) selected the option "rarely", while 0 respondents (0.0%) consider that they never respect this principle. These data indicate a mostly positive orientation of doctors in relation to the fundamental ethical values of the profession, (Figure 4)

Figure 4 – The level of respect given by practitioners to patients



The Spearman correlation coefficient between the numerical age score (VRST_N) and the perception of respect (Respect_N) is -0.16, with a p-value of 0.2421.

The Spearman correlation coefficient between professional experience (EXP_N) and the perception of respect is -0.15, with a p-value of 0.2905. (Table 1)

The analysis shows that the majority of dentists in the sample have a consistently positive attitude towards the principles of respect and equity in their relationship with patients. There is also a statistically significant tendency for this perception to increase with age and professional experience.

Table 1 - Differences in the perception of respect according to the type of practice

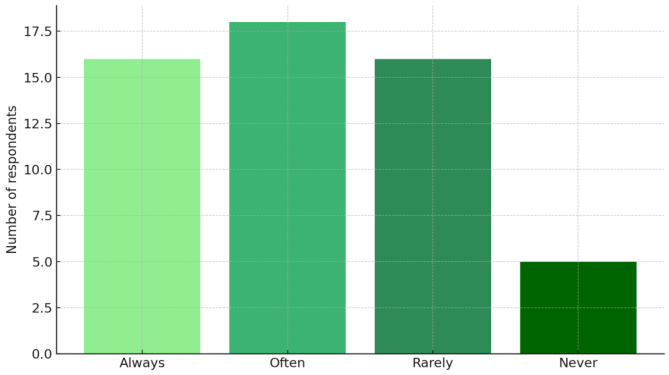
	Private		Public	
	Value	**Percentage**	**Value**	**Percentage**
Never	0	0%	0	0%
Rarely	0	0%	2	50%
Often	16	31,4%	2	50%
Always	35	68.6%	0	0%
TOTAL	**51**	**100%**	**4**	**100%**

In dentistry, offering affordable treatments and clearly communicating costs are essential for building a trusting relationship with the patient and promoting equity in oral care.

The analysis explores how dentists evaluate these practices and identifies the relationships between them and demographic (age, experience), ethical (respect) and each other variables.

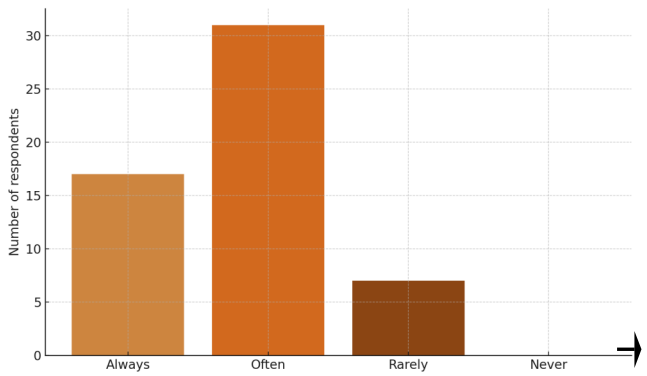
Of the 55 respondents, 16 (29.1%) declare that they always offer affordable treatment options to patients, and 18 (32.7%) state that they do so often. Only 16 (29.1%) and 5 (9.1%) recognize a lesser application of this principle. (Figure 5)

Figure 5 – Measuring the degree to which patients are also recommended cheaper treatment alternatives, specifying their advantages and disadvantages



Regarding clear communication of costs, 17 respondents (30.9%) consider it a constant practice, and 31 (56.4%) apply it frequently. However, there is also a significant percentage of respondents who declare that they are rarely (12.7%) or never (0.0%) transparent about prices. (Figure 6)

Figure 6 – Measuring the degree to which patients are presented openly and in detail with treatment costs and possible alternatives



In the research on ethical values promoted in dental practice, two essential dimensions were analyzed in detail: the availability of doctors to provide.affordable treatments and the degree of transparency in communicating costs.

From the descriptive analysis of the responses, a general positive trend emerges – most respondents expressed agreement on the importance and applicability of these principles in their current activity. More precisely, the professional discourse of dentists consciously includes references to fairness and clarity in the relationship with the patient. When these perceptions are analyzed in relation to demographic variables and the declared values of respect and non-discrimination, important nuances emerge.

In the case of affordable treatments, a moderately negative correlation is observed with age (-0.20) and professional experience (-0.25), without these relationships being statistically significant ($p > 0.05$). This trend may suggest that more experienced or mid-career practitioners are less likely to adopt flexible pricing models or subsidized interventions. In contrast, there is a positive and significant correlation between providing affordable treatments and perceived respect for the patient ($r = 0.33$, $p = 0.0126$), indicating that the clinician's general ethical attitude directly influences their willingness to reduce barriers to access to services.

Regarding the transparency of dental costs, the results indicate a weak, insignificant correlation with age (-0.04) and experience (-0.12), but a significant and direct relationship with perceived respect ($r = 0.31$, $p = 0.0202$). As a result, price transparency is not conditioned by professional experience, but by the internal ethical climate and the genuine desire to put the patient at the center of clinical decision-making.

The most conclusive result of the analysis is the strong correlation between affordable treatments and cost transparency ($r = 0.62$, $p = 0.0000$). This association highlights the fact that the two dimensions do not operate separately, but form a coherent ethical core. Practitioners who support one of these practices certainly also apply the others, thus strengthening a clinical culture based on trust, equity and responsible communication.

The general perception of affordable treatment and cost transparency is favorable, and their association with fundamental values of medical ethics, such as respect for the patient, reinforces the importance of promoting a patient-centered organizational culture. In a competitive but ethical medical system, transparency and affordability are not just marketing elements, but become the expression of authentic professional responsibility

The distribution of responses according to the type of practice suggests that the private environment presents a slightly higher frequency of total transparency ("Always") compared to the public environment. This may reflect the greater pressure to satisfy the customer in the competitive private environment. (Table 2)

Correlations between cost transparency and other factors.

The relationship between age and cost transparency is weak and statistically insignificant, Spearman coefficient: -

Tabelul 2 - Diferențe în percepția respectului în funcție de tipul practicii

	Never		Publică	
	Rarely	**Procent**	**Valoare**	**Procent**
Never	**Often**	0%	0	0%
Rarely	**Always**	9,8%	2	50%
Often	**TO-TAL**	60,8%	0	0%
Always	15	29.4%	2	50%
TOTAL	**51**	**100%**	**4**	**100%**

0.04 ($p = 0.7827$), suggesting that the level of transparency is not directly influenced by the age group of the physician.

Professional experience also does not seem to be a significant predictor of cost transparency, Spearman coefficient: -0.12 ($p = 0.3770$). However, a slight positive trend may indicate that physicians with more experience are, in some cases, more inclined to communicate costs clearly, perhaps due to financial stability or skills developed in the relationship with the patient

Regarding respect for the patient, the Spearman coefficient is 0.31 ($p = 0.0202$), suggesting a statistically significant and positive relationship.

It can be concluded that doctors who promote a climate of respect and fairness tend to be more transparent in communicating prices. This result reinforces the idea that transparency is an integral part of a global ethical conduct.

There is also a significant and positive correlation between the doctor's willingness to offer affordable treatments and cost transparency, Spearman coefficient: 0.62 ($p = 0.0000$). This association highlights the fact that these two practices go hand in hand within a patient-oriented behavior. The doctor who adapts his offer to the patient's possibilities is, most likely, also the one who openly explains the financial implications

Transparency in communicating costs is a practice increasingly recognized as essential for maintaining an ethical medical act, especially in dentistry, where financial aspects influence access to treatment. The results obtained show that this transparency is strongly correlated with other dimensions of professional ethics, such as respect for the patient and concern for accessibility. Even though age and experience are not determining factors, differences are observed between types of practices.

In conclusion, dental offices that want to develop a brand based on ethics and loyalty can invest in training staff in empathetic and transparent communication of costs, as an integral part of a strong and lasting therapeutic relationship.

V. DISCUSSIONS

In the context of contemporary dentistry, the values of professional ethics can no longer be reduced exclusively to the dimension of the doctor-patient relationship.

The dynamics of the medical services market, commercial pressures, the globalization of supply chains and the increase in community expectations determine

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the need to integrate more comprehensive principles into dental practice. Among these, fair-play and fair-trade tactics stand out distinctly.

In the last decade, more and more specialists and international organizations have advocated for the incorporation of these principles into the managerial strategies of dental clinics, arguing that they offer not only ethical benefits, but also economic and reputational advantages.

The analysis synthesizes the opinions expressed in the specialized literature, identifying the main perspectives, arguments and positions on the application of fair-play and fair -trade tactics in this field. According to Beauchamp and Childress (2019) [1], practicing ethics in healthcare involves respecting the principles of autonomy, beneficence, non-maleficence, and justice. Fair play, in a professional sense, derives from the idea of fairness, transparency, and equal treatment, applied in internal (doctor-patient, doctor-nurse, medical team) and external (competition between practices, relationships with institutions, and suppliers) relationships.

FDI World Dental Federation (2021) [2] argues that in dentistry, fair play is reflected in compliance with deontological codes, in advertising honesty, and in the refusal to manipulate information for commercial purposes. Fair trade, on the other hand, is a concept that has its roots in ethical economics and fair trade. In the field of oral health, it involves ethical supplier selection, transparency in contracts, fair payment for services and involvement in sustainable supply chains.

According to Nicholls and Opal (2005) [3], applying fair trade in the healthcare sector would involve "choosing suppliers not only on the basis of the lowest price, but also on the basis of how they respect workers' rights, protect the environment and comply with international standards".

Welie (2004) [4] draws attention to the risk of professionalism being replaced by purely profit-oriented approaches. He states that "dental practitioners operating in a completely private sector are more vulnerable to deviation from fair play norms in the absence of external control mechanisms".

In an analysis by Nash (2019) [5], it is shown that when dentists practice transparency in costs and explain all possible options to the patient, the level of satisfaction and compliance increases significantly.

Ozar and Sokol (2018) [6] emphasize the importance of honesty in advertising, arguing that exaggerations or commercial promises that cannot be sustained undermine patient trust. Fair trade in dentistry involves responsible managerial choices, especially in terms of procurement.

According to a WHO report (2021) [7], the lack of global standards for ethical suppliers of medical equipment is a major barrier to the application of fair trade principles. However, more and more clinics are starting to prioritize partnerships with distributors that support local production, provide transparency in contracts, and comply with labor laws.

Fridell (2013) [8] notes that "the adoption of fair trade is not only a moral act, but also a reputational strategy, attracting patients who are aware of the social implications of their medical choices". Specialists point out several obstacles to the systematic application of fair play and fair trade tactics. Among them: cost pressure in small practices, the lack of a legal framework for responsible procurement, the lack of ethics education in continuing professional development.

Griffiths (2011) [9] argues that "in the absence of institutional incentives, clinicians will tend to choose financially efficient but less ethical solutions". On the other hand,

Reed (2009) [10] states that "contractual fairness, when integrated into organizational culture, becomes a competitive advantage".

Organizations such as the ADA (American Diabetes Association), FDI (International Dental Federation), WHO (World Health Organization) and Fairtrade International recommend the introduction of ethical criteria in supply contracts, the development of standardized formats for ethical advertising and the inclusion of social responsibility concepts in university curricula. It is recommended to conduct ethics audits in dental practices and create registers of socially responsible suppliers.

Beauchamp and Childress (2019) [1] emphasize the need to reconcile professional autonomy with moral commitments to the community and the environment.

A first step in promoting fair play and fair trade is to create and implement clear and well-defined ethics and fairness policies. These policies should be clearly communicated to all employees and integrated into all operational aspects of the practice. Ethics policies should cover issues such as transparent communication with patients, respect for confidentiality, and fair treatment of all patients and employees. Fair trade policies should establish clear criteria for supplier selection and promote responsible and sustainable procurement.

Continuous staff training is essential to ensure the effective implementation of fair play and fair trade principles. Dental practices should invest in training programs that include courses and workshops on medical ethics, effective communication, and fair trade practices. These programs should be updated regularly to reflect the latest standards and regulations.

Developing collaborative relationships with fair trade certified suppliers is another important measure to promote these principles. Working with fair trade suppliers not only ensures the supply of high-quality products, but also contributes to supporting communities and the environment. Involving patients in the decision-making process and in promoting the principles of fair play and fair trade is essential to ensure transparency and accountability. Patients can be informed about the ethical commitments of the practice and their benefits for the community and the environment. Open communication and active patient involvement contribute to building a relationship of trust and increasing their loyalty.

Investing in sustainable technologies and practices is another solution to promote fair play and fair trade. Dental practices can adopt advanced technologies that reduce environmental impact and improve operational efficiency. Sustainable practices not only protect the environment, but also demonstrate the practice's commitment to social

and ethical responsibility, thus attracting patients and partners who share the same values.

VI. CONCLUSIONS

The findings of this research, obtained both from the theoretical analysis of the literature and the conceptual framework on fair play and fair trade, and from the interpretation of data collected from a sample of dentists, offer a complex and, at the same time, provocative picture of the current state of the profession

The results collected from the questionnaires applied to dentists consistently highlighted an increased declarative awareness among professionals regarding the importance of the values of transparency, respect for the patient and accessibility of treatments. These dimensions, belonging to the sphere of fair play principles, are stated as essential in clinical practice. However, when these values are confronted with actual commercial behaviors – such as supplier selection criteria, the willingness to collaborate with ethically certified entities or the acceptance of a higher cost for sustainable products – discontinuities appear. Thus, the hypothesis that there is a gap between declared ethical values and those actually internalized in the management of dental practice is confirmed.

The correlation analysis between the variables perceived as relevant (respect, accessibility, ethical collaboration, fair payment) and perceptions of fair-play/fair-trade challenges (economic pressures, lack of time, staff reluctance, lack of certified suppliers) revealed a significant fact: ethical values are rarely institutionally supported. Doctors may declare that they value transparency or fairness, but these beliefs are not reinforced by management systems, continuing professional education or verification mechanisms. This lack of coherence between aspiration and structure is symptomatic of a system that still treats ethics as optional or secondary.

The data confirm that the perception of the practical impact of fair-play and fair-trade principles is polarized. Some practitioners recognize benefits, but cannot articulate them concretely; others consider them ideals, difficult to implement in a system governed by costs and competitiveness. This situation imposes a major responsibility on the academic environment: to reconfigure the educational framework so that the principles of equity and sustainability are not just mentioned decoratively in the curriculum, but translated into verifiable skills, attitudes, and practices.

Recommendations for academia and dental clinics:

1. Reforming study programs by explicitly integrating the dimension of commercial ethics and sustainability within dental management disciplines, with clearly defined formative objectives.
2. Developing an institutional self-assessment grid of commercial ethics to be used within the accreditation and internal clinical audit processes.
3. Establishing an intergenerational ethical mentoring system in large practices, where experienced doctors facilitate the internalization of fair-play values among residents and young doctors.
4. Promoting transparency in procurement through a clinical policy of "explained treatments and motivated prices", which should be visibly displayed and discussed at every consultation.
5. Encouraging the annual publication of a clinical sustainability report, which should include not only ecological aspects, but also commercial relationships, transparent decisions and ethical education initiatives

References

1. Beauchamp TL, Childress JF. Principles of Biomedical Ethics. 8th ed. New York: Oxford University Press; 2019.
2. FDI World Dental Federation. FDI Vision 2030: Delivering Optimal Oral Health for All. Geneva: FDI; 2021Ozar DT, Sokol DJ. Dental Ethics at Chairside: Professional Principles and Practical Applications. 3rd ed. Washington, DC: Georgetown University Press; 2018.
3. Nicholls, A., & Opal, C. (2005). *Fair Trade: Market-Driven Ethical Consumption*. SAGE Publications.
4. Welie JV. Is dentistry a profession? Part 1: Professionalism defined. J Can Dent Assoc. 2004;70(8):529-32.
5. Nash DA. Ethics and professionalism in dentistry. Dent Clin North Am. 2019;63(1):1-12.
6. Ozar DT, Sokol DJ. Dental Ethics at Chairside: Professional Principles and Practical Applications. 3rd ed. Washington, DC: Georgetown University Press; 2018.
7. World Health Organization. Ethics and Dentistry: A Guide to Best Practices [Internet]. Geneva: WHO; 2021 [cited 2025 Feb 19]. Available from: https://www.who.int
8. Fridell, G. (2013). *Alternative Trade: Legacies for the Future*. Fernwood Publishing.
9. Griffiths, P. (2011). "Ethical Objections to Fairtrade." Journal of Business Ethics, 105(3), 357-373.
10. Reed, D. (2009). "What do Corporations have to do with Fair Trade? Positive and normative analysis from a value chain perspective." Journal of Business Ethics, 86(1), 3-26.