Care-seeking and oral health
The evidence summary is based on the original summary published in the BDJ (September 2010). It summarises qualitative UK primary research studies that explore factors that influence whether people seek care or help about their oral health. It does not include detailed descriptions of the studies cited nor does it include information that was not presented in the literature.

The Curious about website encourages dental professionals to raise issues where a review of the available evidence would provide a useful resource for other dental professionals. Where there is a lack of evidence, the topic is considered for research and an award is made available.

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Key findings

- Factors influencing care seeking are multifactorial and relate to the beliefs the patient holds on their symptoms and the health care professional as well as patient circumstances.
- Symptoms and their impact trigger care seeking while the reluctance to consult a GDP/GP unless symptoms are serious and a lack of knowledge of healthcare services are barriers.
- Specifically relating to oral cancer a lack of awareness and understanding of the disease is a barrier to help seeking.

Review question

This evidence summary was prepared in response to the following question: What do we know from qualitative research about people’s care-seeking about oral health?

Key terms

Care-seeking
Patients’ efforts to obtain care/advice/treatment from a health professional/service.

Patient acceptance of healthcare
The seeking and acceptance by patients of health services.

Qualitative research
Research that derives data from observation, interviews, or verbal interactions and focuses on meanings and interpretations of the participants.

Oral health
The optimal state of the mouth and the normal functioning of the organs of the mouth without evidence of disease.

The case for action

Regular dental care helps patients to maintain dental health and allows potential dental problems to be identified early and eases the management of major dental occurrences. Although there are many advantages to regular dental consultations, a poll of 2,025 Britons undertaken in 2009 revealed that dental attendance had dropped over recent years; the number of people (69%) who visited the dentist regularly was at its lowest since 2001.2

Dental diseases generally are not self-limiting and the personal cost of oral health neglect is evident; the increase in diseases such as oral cancer demonstrates the importance of seeking care. A lapse in care-seeking behaviour increases the burden on the healthcare system and economy. The Centers for Disease Control and Prevention in Atlanta (USA) estimates that 164 million hours of work in the US are missed each year through dental issues.3

On a professional level, barriers to seeking care do not benefit dentists. Not seeing a patient regularly or seeing a reluctant patient who has not attended for some time can bring problems. As well as complicating care and case management, regularly-attending patients make business sense.

Literature covering people’s perceptions towards care-seeking, such as the Adult Dental Health Survey, is mainly derived from semi-quantitative research methods (research that assigns approximate measurements to data rather than an exact measurement), so exploring the subjective factors that influence people’s care-seeking behaviour using qualitative research methods can reveal additional insights. A qualitative approach is used in medical and nursing literature to describe people’s care-seeking or help-seeking behaviour.49
The evidence

Four qualitative studies on factors that influence people’s care-seeking or help-seeking about oral health were found. There was considerable diversity in the studies with regards to the setting of the study and the population. For example:

- Emergency dental clinics to study toothache and gather ‘toothache stories’
- Cancer care centre for retrospective accounts of patients with oral cancer diagnosis
- People’s homes to explore accounts of factors that may influence the way they seek oral health care.

Despite this diversity, it is apparent that there are common factors that are barriers and triggers to seeking care from a dentist. These studies provided interpretations of patients’ subjective perceptions of how they seek oral health related care. These are summarised in Figures 1 and 2.

Barriers to seeking care

The interviews revealed various factors that affected the care-seeking behaviours of individuals. These related broadly to symptoms, dentists and their locations, and the personal views of the individual.

Symptoms

- Patients regarded their symptoms as transient, minor and self-resolving to avoid seeking care.
- Some evidence that patients would self-care and seek help from pharmacists and doctors before consulting a dentist.

Dentists

- Indications that patients believe they should not waste health care professionals’ (HCP) time with minor health problems.
- Practical barriers such as the distance to travel to a practitioner, cost, practice opening times and access to services (registration, for example).
- Negative perceptions of HCPs including being impersonal were expressed as being barriers.

The individual

- Competing priorities and disruption to daily routine.
- Unwillingness to consult early about a problem, preferring to waiting for a future booked appointment.
- The ability to continue to function normally despite problem and the physical inability to attend the practice – for example, where work takes the individual away from their usual environment and away from their usual dentist.
- Feelings of fear and vulnerability.
- Cost – not knowing or assuming incorrectly the costs involved with treatment or simply attending the practice.
- A disrupted pattern of dental attendance – losing the habit of attending routinely.
- Gaps in understanding and awareness of oral cancer leads to self-management and delay in seeking professional help.

Triggers for seeking care

Symptoms

Dental attendance was triggered by

- Changes in the intensity, frequency, location or visibility of symptoms and a perception of symptoms worsening
- Persistent symptoms and fear or worry of serious illness
- Unpleasant, annoying or irritating symptoms.

Pain

Care was sought if there was a need to relieve pain, especially where pain has led to an inability to function, for example eat or sleep. Patients sought help when they felt helpless, incapacitated and disempowered.

Other triggers

- The advice of others for example family members or other health care professionals.
- In the case of oral cancer, a regional television awareness campaign.
- An existing condition.
- Free health care.
- Failed self-care.
## Care-seeking and oral health

### Symptoms
- Self-resolving
- Self-care before ‘bothering’ the dentist
- Symptom reinterpretation
- The GP/pharmacist understands

### Dentists
- Must not waste dentists’ time
- Image of dentists - pain, discomfort, impersonal, income-focus
- Difficult to access and promptly
- Perceived low efficacy

### The individual
- Competing priorities - life is busy
- Hanging on until booked appointment
- No pain, it can’t be serious
- Fear, vulnerability about treatment
- Disruption to routine e.g. work, rural journeys

### Symptoms
- Change, persists, cause concern, dislike

### Pain
- That interrupts sleep
- Inability to cope
- Depends upon a dentist to resolve

### Resolve uncertainty
- Clarify diagnosis

### An escalating journey
- Turning points - progression from failed self-care to formal care
- Shopping around - multiple consultations and advice

### Knowledge
- Of services’ availability - where, for what, and when

### Preventative
- Incl. to set the children a good example, or as a long term dental ‘insurance’

### Other reasons to visit
- Other care in process
- Free care e.g. pregnancy, unemployed
- Others’ advice/promotion

### Cost
- Known in advance
- ‘amnesty’ for lapsed attendees, clear

### Having a good dentist
- Friendly, explains, caring and inspires confidence.

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Figure 1: Researchers’ interpretations of patients’ perceived barriers to care-seeking.

Figure 2: Researchers’ interpretations of patients’ perceived triggers to care-seeking.
Methods

Search strategy

Search strategies were developed by an information specialist. The following databases were searched:

- Ovid MEDLINE
- TRIP
- Science Direct
- Applied Social Sciences Index and Abstracts (ASSIA) (CSA)
- Web of Science
- EBSCO
- SwetsWise

Search terms for Ovid MEDLINE were: health knowledge, attitudes, practice, choice behaviour, decision making, motivation, dental ‘seeking strategies’, patient acceptance of health care, narration, attitude to health, and UK.

Individual journal searches included Evidence-Based Dentistry, Journal of Evidence-Based Dental Practice, and Journal of the American Dental Association.

The ADA, Cochrane Oral Health Group and Centre for Evidence Based Dentistry were also searched.

Searches are current as of May 2010.

Results

Five qualitative research studies that used open questions to elucidate UK people’s care-seeking about oral health were identified and used for this summary.

References

1. Fox C. Evidence summary: what do we know from qualitative research about people’s care-seeking about oral health? Br Dent J. 2010; 209: 225-31