

Barriers To Seeking Dental Treatments

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Abstract: Oral health is one of the important factors in maintaining general well-being of an individual. Both the dental health professional and the patient are responsible for preventing the patient from accessing dental health care advice leading to the subsequent failure of treatment and worsening oral health. This review aims to identify and suggest various methods to resolve the causes that prevents the patient from accessing the dental health facility. [Asthana G Natl J Integr Res Med, 2021; 12(3): 87-91]

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Introduction: Oral health is one of the most fundamental aspects of the human body. Even though it contributes a large portion of person's general well-being it is generally ignored and turned a blind eye as compared to the other organs of the body. Good oral hygiene practices and consumption of a healthy diet can help to maintain periodontal health. Poor oral hygiene and infringement lead to the progression of the periodontitis and tooth loss. The rise in the prevalence of periodontitis has increased the burden on the oral health care system. The prevention and control of this disease can be achieved by addressing the needs at both the population and individual level¹.

The greatest burden of oral diseases is among deprived and socially marginalized populations. Preserving, restoring, and promoting the general public health are the goals of health care providers, and one of the major concerns in social welfare is the provision of health services to the population². One of the most evident changing paradigms that is witnessed in a developing nation like India is the increasing population of the elderly patients who form a large part of the population which is reluctant in accessing dental care facilities. It has been proposed that barriers to accessing and accepting dental care could be a bidirectional, dentist-patient relationship. It has also been suggested that the sources of the barriers from both patient and practitioner perspective should be identified and resolved accordingly. By doing so would allow a better understanding of patient compliance and the role of the dentist with regard to providing accessible dental care³.

Regarding oral health seeking behaviour, most of the dental visits are undertaken only when there is pain rather than for preventive care⁴. The purpose of this paper is to examine the role of barriers in seeking the dental treatments.

According to Daly, issues related to the health care services can be classified as 5 A's: Availability, Accessibility, Affordability, Acceptability, and Accommodation⁵.

Availability: Whether services are accessible or not.

Adequacy: Whether there is an adequate and uninterrupted supply of available services.

Accessibility: Whether the services are adequately available for utilization.

Affordability: The available services are cost effective.

Appropriateness: The available health care resources should meet the needs of various population groups.

The source of the barriers that patient experiences while accessing dental care are said to arise as a result of their life experiences and psycho-social background. These psycho-social factors are thought to provide the milieu which help or impede the patients in accessing care.

Four main Psycho-social factors which act as barriers to seeking dental care are³:

- Dental anxiety states
- Financial costs
- Perceptions of need
- Lack of access

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The Federation Dentaire Internationale (FDI) Recommended 3 groups of Barriers to Dental Care:

- The first of these related to individual and included: absence of perceived need, anxiety and fear, financial considerations and inadequacy of access.
- The second category is related to the dental professionals. It included, unsuitable manpower resources, irregular geographical distribution, inappropriate training to changing needs and demands and deficient sensitivity to patient’s attitudes and needs.
- The third category of barriers is related to society, deficient public support of attitudes conducive to health, insufficient oral health care facilities, inadequate oral health manpower, and planning and insufficient support research.

Apart From This, Three Types Of Barriers Are Identified Referring To Preventive Dental Care. These Barriers Are Related To:

- Dental Practice
- Dental Practitioner
- Patient requiring dental treatment

Barriers Related To Patient In Accessing Dental Care: Anxiety to dental treatment characteristics that contribute to avoidance of dental care³. It may be described as a feeling of worry, nervousness about something whose outcome is not known Anxiety associated with the thought of visiting the dentist for preventive care and dental procedures is attributed to as dental anxiety.

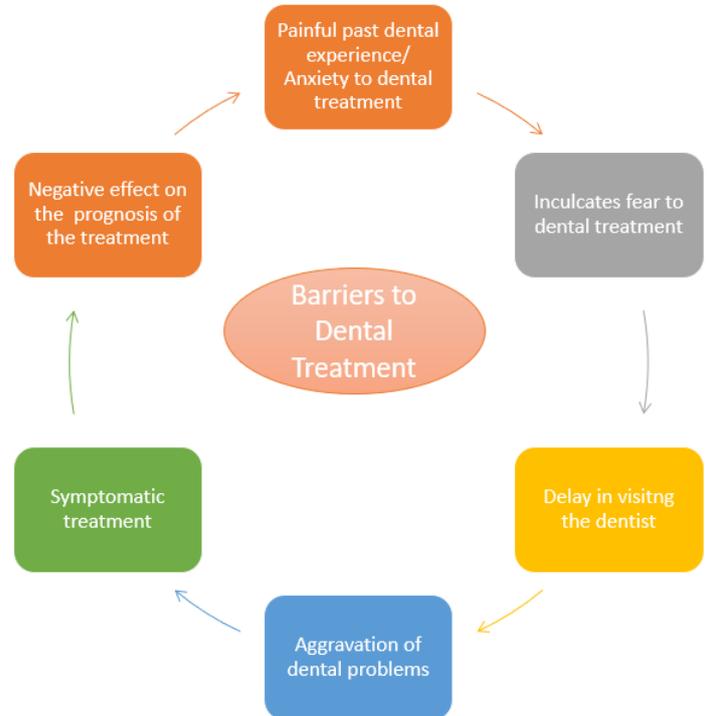
It may closely be related to painful stimulus and increased perception of pain, and therefore these patients experience long lasting pain; moreover, they also exaggerate their memory of pain.

Fear is a reaction to a recognized or perceived threat or danger. Dental fear is a reaction to dangerous stimuli in dental situations. Dental anxiety and fear give rise to physical, cognitive, and behavioural responses in an individual. This is a frequently experienced problem in dental offices.

Such behaviour conclusively results in poor oral health, missing and decayed teeth, and poor periodontal health. They report to the dental office only in emergency situations often

requiring complex treatment procedures, which in turn further aggravates and reinforces their fear, resulting complete restraint in the future.

Figure 1 Series of Events Creating Barrier In Seeking Dental Treatment



Consequently, a vicious cycle of dental fear sets in if these patients are not managed properly (Figure 1).

Financial Costs: Financial costs of dental treatment remain an important barrier while seeking dental treatment. Statistics reveal that ability to access regular dental care is dependent on the annual income of the individual seeking dental treatment. The effect of annual income influences the entire family’s pattern of dental attendance. When affordability of dental care is combined with socio-economic status (SES), it appears that those from lower SES have less access to care and admit to being less satisfied with treatment as compared with others.

Pensions are expected to accomplish the goals of reducing poverty in old age and leading a smooth life. Person with dental insurance is more likely to visit dental office than a non-insured person³.

Perceptions of Need: Peoples’ approach to treatment needs ranges from those who attend on a regular basis with no visible signs of need to those who visit only when in pain. Patients’ responses when asked to attend a routine examination appear to be determined by dental

anxiety status, preceding dental experiences and lifestyle commitments³. With increasing age, people tend to neglect dental healthcare as they feel they are “too old to maintain it”.

Manifestations of various chronic and systemic diseases are accompanied by pain and discomfort resulting in restricted mobility¹. In busy lifestyles people tend to use emergency services or delay dental treatment. Time constraints as a barrier to dental attendance does not act alone and combine with psycho-social factors such as dental anxiety and lifestyle. When working together these factors may aggravate or alleviate time pressures thereby inhibiting or enabling access to dental care, respectively. Awareness should be spread among elders about the importance of dental treatments and also motivate them to use the services available to lead a socially and economically beneficial life. Also, the family’s attitude towards the patient with regard to the presence or absence of spouse has been described as a major barrier⁷.

Lack of Access to Dental Care Facilities: Access and disparities in access to dental services have been considered by the WHO Commission as Social Determinants of Health. Language and communication problems can lead to misunderstandings which intensify worries and concerns about dental treatment. With regard to the physical difficulties confronted, lack of access refers to any problem experienced while entering the practice premises such as wheelchair access to waiting areas, lavatories, the dental surgery itself as well as transportation problems and dependence on public transport. Deprivation of access particularly affects people with special dental health care needs. Elderly people, with physical or sensory disabilities and learning impairment may encounter problems when accessing dental care^{3,8}.

Dental Health Professional Related Factors As Barriers To Accessing Dental Care: The FDI stated that barriers related to the dental profession included “unsuitable manpower resources, irregular geographical distribution, in appropriate training to changing needs and demands and poor sensitivity to patient’s attitudes and needs.”

It has been suggested that since corresponding barriers exist for both patient and dentist, it is their interaction which reduces the dentist’s ability to provide accessible dental care and the

patient’s ability to access the service. If dentists are to assist people in providing routine care then they must recognize their own role in providing the access and compliance⁹.

Occupational Stress: Cooper et al in the 1980s suggested that occupational stress was due to: time-related pressures, anxious patients, high number of patients reporting to the practice, financial concerns, troubles with staff, equipment breakdowns, defective materials, in appropriate working conditions, routine and boring nature of the job⁹. A dental health professional who experiences withdrawal of interest from their work from patients and similar colleagues and a turning away is said to be suffering from ‘burn-out’⁹. The key features are: staggering exhaustion, frustration, anger and pessimism, sense of inefficiency and failure. This feeling impairs both functional and social working¹⁰. It is their awareness and ability to acknowledge the existence of stressors in the workplace which allows them to cope effectively with stress, avoid the state of ‘burn-out’ and continue an accessible dental service for the patients.

Financial Costs: Problems related to the costs of running a dental practice has been a major concern in regard to maintaining an accessible general dental practice. The relationship between achieving the target income and providing an accessible dental practice has been shown to affect practice policy with regard to patients with special needs. Dentists in routine dental practice, provide dental care for patients with special dental needs, only for those who can access the care they provide. Increased expenditure, time constraints and stress were highlighted as factors which prevents the dentists from providing dental care to the patients with special needs¹¹.

Perceptions Of Need For Dental Care: Approach to dental needs is based upon the clinical training of dental professionals. The reason for the dentist’s treatment plan may be related to concerns about commencing treatment. In this manner the dentist reduces the patient’s visit to the primary dental care. The decision to refer the patient with severe periodontal disease for specialist care or a small child with an acute abscess to a pedodontist for an extraction under general anaesthesia is consistent with the standardizing need. In either clinical situation the decision of referring may reduce visits to the practice but facilitate patient’s entry to

secondary level care. Recognizing the appropriateness and inappropriateness of their responses in relation to patients' wishes will allow dental health professionals to provide accessible dental health care⁹.

Lack of Access: Lack of access as a psycho-social factor in maintaining an accessible dental practice relates not only to the physical features of the practice (ramps, lifts, wide corridors etc.) but also to the psychological accessibility as well as having the appropriate auxiliary staff. The physical accessibility of a practice has been shown to be associated with the analytical profile of the principle of practice. The experience, the qualification, the facility to provide week-end emergency dental care are all important features in maintaining a practice with high physical accessibility. Psychological accessibility also relates to the dental health professional's ability of effective communication with patients. Other salient features which should be included are surgery hours and position and location of the dental practice^{9,12}.

New Barriers to Access: The idea of surfing the internet is no longer new. To the patients, this means two things:

- Patients first search for the dentists online.
- They research dental information available online.

The patients, especially new patients, are very interested in online reputation of the healthcare provider. Nielsen (2013) reports that 98% of consumers now make buying decisions after searching online for reviews and information.

Often dentists do not have an idea about the sort of things written about them online. The fact is one or two bad reviews can lower their ratings which may affect the number of patients reporting to the dental clinic.

The other fact is that patients are searching for answers to dental concerns before and after they visit the dental professional. Both the situations are realities that the dentist must accept. Trying to prevent them or telling patients not to 'trust' information online is a mistake. It might almost the reverse effect.

To overcome this barrier, one must be aware of their online presence and provide those services in such a way that they leave a positive review

about the dentist on the internet. Through information on the website, one can also manage the way patients learn about and understand their dental conditions¹³.

Exposure To Sales Techniques: Another barrier a lot of dentists come across is what is called 'sales resistance'. Whether one realize it or not, all human beings have this tendency built into them. Due to sales techniques used in the dental industry, it has created a lot of apprehensions amongst the dentists and patients.

The dental industry is full of insincere people who spread wrong information like:

- "Investment for this treatment is not worth the cost"
- "Have you thought about your dental budget?"
- "Is keeping your teeth important to you?"

A wise step is to remove them from your discussions. Next step should be to replace them with trust-building statements. The dentist should clearly state their position as a trusted advisor to the patients¹³.

According to a systematic review (2020) conducted on Indian population it was concluded that geographic imbalance of dental care facilities, lack of knowledge and time, financial constraints may be considered as profound barriers in accessing the dental treatments¹⁴.

Conclusion: Lack of knowledge is one of the most important aspects affecting the access to dental treatment. Hence, most interventions should aim to improve oral health by spreading awareness related to oral health¹. It has been suggested that barriers to accessing dental health care exist not only in relation to the patient but also to the dentist together with the features of the practice⁹.

Identifying and resolving the anticipated barriers to accessing dental services is one of the basic steps to improve the publichealth². Oral health education should also emphasize on the latest advances in the periodontal therapy and fulfil the need of both urban and rural population alike².

Preserving, restoring, and promoting the public health should be the aims of health care

professionals, and one of the major concerns in social welfare is the equitable provision of health services to the population.

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