

Presenter's Name: Dr Aastha Chugh

Master's in Public Health, Glasgow Caledonian University

Presentation Title: Provision of Smoking Cessation Intervention by dental health professionals during the delivery of Oral Healthcare in Scotland.

Supervised by: Dr Nicola Roberts



Background

- **Tobacco** could be considered **taboo** in the new era of this 21st century.
- **Smoking- more than 7 million premature deaths, preventable illness and economic impoverishment** in the world (WHO, 2017).
- Despite amending policies and tobacco control laws, one in five, that is **17.7% of the Scottish population** currently smokes cigarettes, **higher than 15.5% (England) and 16.9% (Wales)** (ONS, 2016). (Figure 1).
- The target of Tobacco-free Scotland by 2034, is uncertain unless steady steps will be taken in healthcare by all healthcare professionals to reach diversified population to inspire Smoking Cessation (ASH, 2017).

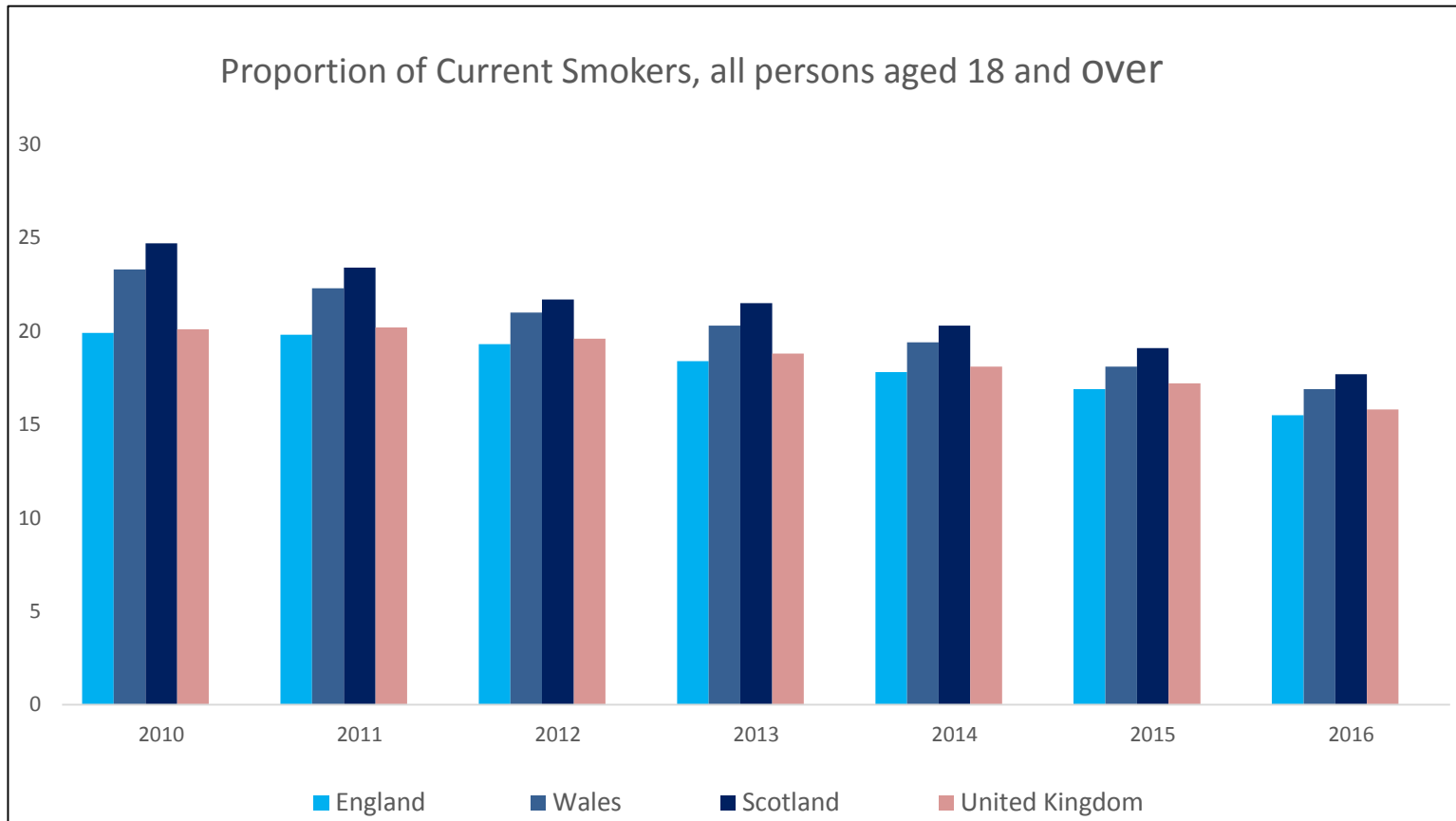


Figure 1 Higher Smoking Prevalence in Scotland than England and Wales

Source: ONS (2016)

How Oral health Professionals can help?

- **Oral health professionals are in an ideal position to offer guidance around smoking cessation (WHO, 2003).**
- **Accessibility to individuals of varied age groups.**
- **Flexible timings.**
- **Concerned towards Oropharyngeal cancer and other diseases.**
- **Better opportunities to promote health communication for smoking cessation practice.**



Studies on provision of Smoking cessation by Oral healthcare professionals

- Major Focus: **Dental students, Oral hygienists, Nurses, GPs** (Albert et al., 2015; Andersson et al., 2012; Needleman et al., 2006; Tremblay et al., 2009).
- People are **affirmative** to seek smoking cessation advices from their dentists (Afifah and Schwarz, 2008; Terrades et al., 2009; Sood, 2014).
- Dentists **acknowledge having an active role** in smoking cessation, but they are **less likely to practice** it on regular basis than other health professionals (Trotter and Worcester, 2003; Ahmady et al., 2011; Talla et al., 2016).
- **The Gap:** understand the perception and views of dentists towards SCI in Scotland.

Methodology and Methods

Methodology: An **exploratory qualitative approach**.

- To understand the views of practicing dentists towards SCI in dental health care.
- To comprehend facilitators for the provision of SCI by dentists.
- To explore barriers for delivering SCI.
- To understand ways in which practicing dentist overcome identified barriers to endorse smoking cessation.

Methods:

- Sampling: Non probability purposive sampling, to recruit practicing dentist, **REPs**, in the Scottish Dental Practice Bases Research Network (**SDPBRN**).
- **Inclusion Criteria:** registered and practicing dentists in Scotland.
- **Exclusion Criteria:** Retired dentists, dental students and dental hygienist were excluded.
- **Ethical approval** was sought from the School of Health and Life Sciences Ethical Committee in GCU.
- **A sample of four participants were recruited** for the data collection. All females, within age group of 27-52 years, from varied parts of Scotland with a mean experience of 15.62 years.
- Data Collection: **Telephone, skype or face-to-face interviews** via semi-structured questionnaire. **Written Consent** was obtained.

Findings and Discussion

Role- explicated the ‘**role**’ perceived by the dentists towards their own contribution towards smoking cessation.

- Oral health professionals had **positive attitude** and were **optimistic** to smoking cessation as a part of their dental practice (Johnson et al., 2006; Ahmady et al., 2011; Amit et al., 2011; Andersson et al., 2012).
- Findings from the study: Dentists **antagonistically reflected accepting an obligatory role** towards smoking cessation.
 - **Infuriated with barriers:** not dentists’ job, difficult practice.
 - Dentists, specially experienced ones, considered having a **restricted role:** history taking.
- “So how long it gonna take that. If takes longer than it should take, then I wouldn’t be happy doing it by myself. I don’t see that as a part of my job.” (Dentist from Dundee with 16 years of experience)
- “I have just filled it in the form and that’s it. I think that’s what I should also do.” (Dentist from Edinburgh with 31 years of experience)
- “yes yes, it is and if you were smoking one, two or three then it’s very difficult to say. If they are coming and saying they have got bleeding gums and stuff like that, in that the best thing you could do is an oral prophylaxis. It’s much easier than for me to start nagging. But I do find it on the whole (difficult).” (Dentist from Edinburgh with 31 years of experience)

Role is influenced by Culture?

- Dentists feel a need to **work in ‘close working relationship’** with other health professionals to address an effective Smoking cessation (Watt et al., 2003; Talla et al., 2016).
- Findings from the study:
 - **Team Work** is important.
 - GPs and other health professionals role are better: **Discouraged and underestimated** their own **role** in providing Smoking Cessation.
 - Positive to **‘Refer’**.
- *“I guess just motivating only the nurses kinda doing it. Getting the whole team to do it. I think often the nurses are more enthusiastic, they can have good chat, and can be quite instrumental in building the relationship with the patients, and sometimes it better to get everyone involved.”* (Dentist from Edinburgh with 4.5 years of experience).
- *“All I say is, these are the numbers available, if you are interested in smoking cessation, then you need to start, Okay. This is the place where you can start.”* (Dentist from Edinburgh with 31 years of experience).

Patient Influencing Factors

- Patients are most likely to expect their dentist to ask them about smoking habits (Sood, 2007; Terrades et al., 2009).
- Findings from the study: Dentists consider **patient influencing factors as a barrier**, which influence dentist to adopt fundamentals of SCI in their practice.
 - Patient-dependent practice
 - Negative patient's behaviour, unwillingness and acceptability
 - Fear of losing the relationship
 - Using Aesthetics as a tool to promote Smoking cessation by dentist
- *"Because they never listen, and if I keep on repeating the same thing, they will end up not coming to me for their dental treatment or just go to someone who doesn't bother them with stop smoking lectures." (Dentist from Aberdeen with 10 years of experience).*
- *"I think it's so important, you know you know everyone likes to look good, feel good apart from their knowledge about health benefits of stopping smoking or getting oral cancer or any other cancer. They don't know much about it. I think if we say more about the aesthetics I mean their looks, they might just listen to us and yeah think that's important because its making them look ugly and not good." (Dentist from Dundee with 16 years of experience)*

Essential Training

- Apparent lack of training has been a major issue in the literature (Trotter & Worcester, 2003)
- Findings from the Study:
 - **Training** gained: beneficial, important and **provide basic steps** to follow.
 - ‘Lack of practice’: Felt a need to include **practical training** during dental curriculum rather than theoretical knowledge to motivate and enhance assertive skills as a smoking cessation service provider.
 - **Insufficient and not updated training:** lack of knowledge about e-cigarettes and vaporizers.
- *“I don’t think we had much in terms of practical training. I feel like we are getting the theory that we may be didn’t.. Yeah I don’t know if as a student I actually sat down and actually thought someone who was motivated, who was interested and I think that’s what make it difficult to find right type of person at right time. I think they just told all sorts of theory about it and we kinda begin skills to kinda do it by coming into the clinical practice. But yea I am not sure if I ever actually practiced it but it would have happened.”* (Dentist from Edinburgh with 4.5 years of experience).
- *“Here is one more thing that I have noticed, if they smoke e-cigarettes and if I say them to fill the form, so they will like non-smoker even if they are smoking e-cigarettes. Because they think they are not smoking because they are smoking e-cigarettes and say oh oh no I am not smoking (laughs)”* (Dentist from Dundee with 16 years of experience).

Time is Money

- Time management and money- major barriers (Ahmady et al., 2011; Albert et al., 2015; Talla et al., 2016).
- Findings from the study:
 - Dentists proclaimed that **managing time is uncertain** due to **other priorities** related to patients' dental issues.
 - Unenthusiastic to invest extra time but were positive to **compensate extra time for extra money.**
 - Overall- mixed reactions
- *“If you say you got half an hour to sit, and talk to somebody about it then yeah, but I haven't got half an hour. couple of appointments. In Ten to fifteen minutes, you cannot do everything, in ten to fifteen minutes. You have to prioritise on somethings that are most important things you have to talk about.”* (Dentist from Edinburgh with 31 years of experience)
- *It's all a business after all at the end of the day, you have to do best for your patient but you have to get you.. you know.. your profit (laughs). But yea if getting some monetary reward will encourage people to do it.”* (Dentist from Dundee with 16 years of experience).

Conclusion

- Strategies must be developed by the authorities to enhance SCIs in dentistry by providing **opportunities for regular practice** and **indulging a positive outlook** in the minds of dentists, beginning from dental training: To enhance role.
- Patients should also be made aware of the availability of guidance from the dentists: To **improve patients' acceptability**.
- Dentists should be directed with **appropriate time management strategies in guidelines** to augment smoking cessation services: To help them cope with time management issues.
- Lastly, **cost-effectiveness** of providing reimbursements and **feasibility of practiced based training** towards smoking cessation should be evaluated in further research.



Thank
You

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