

RESEARCH SUMMARY

Emergency dental services – patient expectations

Patient expectations of emergency dental services: a qualitative interview study

R. Anderson *Br Dent J* 2004; 197: 331–334

Objective

To describe the expectations of walk-in patients seeking emergency dental care out-of-hours.

Basic design

Consecutive patients attending two emergency dental clinics at weekends were interviewed prior to seeing the dentist. The audio-recorded interview transcripts were analysed using the 'framework' method of applied qualitative data analysis.

Subjects and setting

Forty-four walk-in emergency dental patients at a community-based dental clinic and a dental hospital emergency clinic at the weekend.

Results

In addition to symptom relief, the main desired outcome for emergency dental patients may be informational and psychological – especially reassurance that the problem is not serious, and reduced uncertainty about the cause of the pain. In general, patients' stated expectations for specific treatments (such as antibiotics, or tooth extraction) were not absolute: rather, they implied these expectations were conditional upon the dentist deciding they were necessary.

Conclusions

Emergency dental services, some of which are still dominantly treatment-focussed, should reflect that many emergency dental attenders want advice and reassurance as much as relief from symptoms. This reinforces the importance of effective and sympathetic dentist-patient communication within emergency or out-of-hours consultations. It also implies that dentists' skills in listening, explaining and reassuring should be captured in any patient satisfaction or outcome measure designed for this patient group.

IN BRIEF

- No previous studies have investigated what patients expect from out-of-hours or emergency dental services.
- Although most of these patients primarily sought relief from pain, many also wanted reassurance that the problem was not serious, and greater certainty about the cause of their pain. Effective and sensitive dentist-patient communication may be more important in out-of-hours and emergency consultations than in other clinical situations.
- Patients generally accepted that treatment would be partial or temporary, and expectations for specific treatments were mostly expressed conditionally, ie if the dentist thinks it is necessary.

COMMENT

The difficulties in gaining access to NHS primary dental care due to the recent shift in the balance of workload towards private dental care in some regions of the UK has made the provision of high quality NHS emergency dental care increasingly important. Moreover, recent UK government policy, on the health service in general and specifically on reforms of emergency care emphasises the need for it to be based on users' needs, patients' preferences and consumers' demands.

Information about the patient's perspective has been traditionally collected through satisfaction surveys although these have been shown to be fraught with theoretical and methodological problems. However, Anderson's study adopted qualitative methodology for eliciting patient expectations of emergency dental services. This study involved tape-recorded, informal, face-to-face interviews with 44 consecutive patients at two weekend emergency dental clinics in South Wales in mid-1999. Both services were walk-in treatment services, reported to be intended primarily for unregistered patients. The study focused primarily on 'expectations' or 'hopes' about what the dentist will be able to do for them and the interviews were carried out after the patients had been booked in by the reception staff but before they saw the dentist.

The pragmatic concern with relief from pain, and specific treatments for controlling pain, dominated patient hopes and expectations although the other desired outcome was reduction of uncertainty and reassurance, and information about the likely cause of the problem. These results have implications for the provision of emergency dental services. Emergency care is usually associated with care which is anonymous (relationship with healthcare workers minimal) and instrumental. The evidence from this study shows that patients not only wanted high quality technical (instrumental) dental care but also dental care practitioners who have the skills to find out what patients expect in terms of information needs and to communicate effectively to ensure reassurance.

The study also raised a number of questions that it could not or did not answer. It would have been useful to see how patients' hopes were fulfilled. For example, are emergency dental services better at providing instrumental care than meeting the user's information needs? The author raised the 'thorny' issue of generalisability of findings from research using qualitative methods and this is an important issue because of regional variations in access to NHS dental care. The results suggested that at least some of the patients were registered with dentists but nothing was reported about where the patients usually use dental care and if and why some patients tended to be frequent attenders of emergency dental services and/or whether they used emergency dental services as their sole source of primary dental care. Thus, a similar study in an area where NHS care is difficult to access might show how 'transferable' these findings are and whether emergency care is used as a 'substitute' when NHS primary dental care is inaccessible. Finally, there is the fundamental question of how far the hopes and expectations of users of emergency dental care services are different from those of users of primary dental care practitioners.

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