Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer.

Coping with crisis – the role of trust

Lee S. Subjective well-being and mental health during the pandemic outbreak: Exploring the role of institutional trust. *Res Aging* 2020; DOI: 10.1177/0164027520975145.

Trust in institutions is a resource for resilience

High levels of public trust in state (eg government, parliament) and non-state (eg media) institutions appear to be related to lower death rates from COVID-19, and facilitate acceptance of public information and scientific advice. On the other hand, low levels of trust may hinder management of the crisis. Older people are increasingly likely to encounter increased psychological distress, social isolation, depression and financial difficulties during the pandemic.

Social survey data from 31,757 individuals aged >50 from across 27 EU countries and the UK found that declines in finances and material resources were significantly associated with reduced quality of life and wellbeing. However, greater institutional trust significantly contributed to mental health and mediated the negative effects of perceived difficulties such as financial insecurity.

Previous studies have shown that, if institutional trust is undermined in a crisis, it is difficult to regain and has negative long-lasting effects on health and social wellbeing. It is important that institutions ensure that responses to a crisis are trustworthy. Institutional trust can serve as a resource for greater resilience.

<https://doi.org/10.1038/s41415-021-2658-z>

Coping with pandemics – the role of history

Naidu R, Gelbier S. Dentistry and oral health during the 1918 influenza pandemic. *Dent Hist* 2021; **66**: 56–60.

Stay at home, wear a mask – and other preventive suggestions

The Spanish influenza pandemic of 1918 killed more than 50 million people. The second wave was more virulent and more lethal among young adults and immigrant communities in crowded living accommodation.

Public health messages included staying at home ‘to avoid scattering the disease far and wide’ and wearing a face mask, with the reminder: ‘Obey the laws, and wear the gauze, protect your jaws from septic paws’. One American dentist considered that resistance to the disease was ‘undermined by pyorrheal pockets and blind abscesses ... (where) the decisive battle is fought between the germ and the host’. Remedies suggested included eating sugar lumps soaked in kerosene and gargling with a mixture containing creosote. In the USA, a tooth powder was advertised which ‘keeps teeth and gums strong and kills the germs that cause influenza’. In the UK, a public health information film included the message that maintaining personal hygiene, including cleaning teeth regularly, helped to stop the spread of the disease.

<https://doi.org/10.1038/s41415-021-2669-9>

Innovations in research – a democratic approach

Brocklehurst P R, Baker S R, Langley J. Context and the evidence-based paradigm: The potential for participatory research and systems thinking in oral health. *Community Dent Oral Epidemiol* 2021; DOI: 10.1111/cdoe.12570.

Academic researchers need to surrender some control

The translation of academic research evidence into clinical practice is not straightforward. Different methodological approaches and an understanding of the system into which any intervention would be introduced are essential. Qualitative methods alongside quantitative methods and patient public involvement (PPI) at an early stage of project development may be beneficial. True participatory research would involve a wider range of input; from patients, their families, carers, healthcare professionals, service managers, policymakers and commissioners, as well as the academics themselves.

For this to happen, academics would need to surrender some control of the research process, using creative ways of communicating their ideas which are not solely in the written jargon of their specialities. Using a designer-led approach, the researcher becomes a democratic participant in the process rather than the controlling power.

Research should be part of a non-linear narrative rather than an end in itself, taking into consideration negative impacts on workforce, dental businesses and health equity, for instance, as well as any potential health gains. Knowledge producers and knowledge users are interdependent.

<https://doi.org/10.1038/s41415-021-2668-x>

Workforce planning – a needs-based approach

Birch S, Ahern S, Brocklehurst P et al. Planning the oral health workforce: Time for innovation. *Community Dent Oral Epidemiol* 2021; DOI: 10.1111/cdoe.12604.

Future skill mix requirements need more detailed planning

Rapid changes in service provision and advances in technology make planning a future workforce for oral care essential. The current business model of care provision, which puts practices in places of highest patient demand, may not be best placed to maximise health gain for the whole population. Governmental interventions to improve access frequently involve reductions in fees to patients, but do not result in services necessarily being available.

Current practice for workforce planning simply relates the predicted size of the population to the assumed number of providers required. The authors argue that a needs-based system of workforce planning, which takes into consideration expected levels of disease, service provision and service implementation, in addition to population changes, is required. They recognise that precise data about future needs may not be available and that the proposed model does not address the geographic distribution of providers to best deliver oral healthcare.

<https://doi.org/10.1038/s41415-021-2667-y>