

Working in an urgent dental care hub during the Covid-19 pandemic from a dental nurses' perspective

A qualitative study



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Introduction

At the start of the Covid-19 pandemic, access to all face-to-face dentistry was suspended. Urgent dental care was provided from urgent dental care centres (UDCs) that were established across the country. Dental practices in England were allowed to reopen in June 2020, but access to treatment has still been restricted and UDCs continue to play an important role in providing dental services on the slow route to recovery. In this paper, we present the accounts and views of nine dental nurses we interviewed, as part of a larger project, who worked in UDCs across England during the first national lockdown.

Methods: This was a qualitative interview study. The methodology followed is described in detail in our *British Dental Journal* publications (Plessas et al., 2021, Witton et al. 2021). This paper summarises the results of our previous work but specifically reports dental nurses' experiences only. The themes presented below are themes that reflect dental nurses' experiences, accounts and perspectives. The demographic characteristics of our dental nurse participants are presented in table 1.

Guidance and information cascade

Participants collectively expressed their dissatisfaction with the delayed response and the poor communication both at national level, "It was really poor I think for the whole profession of dentists and nurses, you know, there's not much time to put things in place, especially when you're going to be a hub," (DN6) and senior management level, "So that was really frustrating and very annoying because managers just weren't

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| Role/ Setting | Community dental nurses n= 5 General practice dental nurses* n=2 Hospital dental nurses n=2 |
| Sex | Female n=9 |
| Age | Mean 23.12 years (SD 11.45; range 7-41) |
| Region | Midlands n= 2 South East n= 2 South West n= 5 |
| *One of the dental nurses was the practice’s hygienist who took the role of a dental nurse for the UDC | |

Table 1.

passing any info down. So, communication was really poor at the beginning” (DN7). The “constantly changing guidelines” (DN8), especially in the beginning, was described as disruptive to the previously “smooth and slick” (DN8) way of working. This was particularly evident to nurses who worked on a part time basis; “Coming into it as a part timer, the differences were quite dramatic sometimes, to see what government has changed or what our managers have changed” (DN7). However, participants reported that things improved as time went on.

Most of the participants complimented the communication at practice and service/clinic level. Being “listened to” (DN3), feeling “supported” (DN9) and being included in discussions and decision making were highly valued by dental nurses; “It’s all been very much of a group working together. Which doesn’t normally happen. Normally it’s the dentists saying, I’m in charge, you’re going to do what I say kind of thing” (DN7), was expressed by some participants. Holding morning huddles and debriefs to disseminate new information and catch up with changing guidelines was “incredibly helpful” (DN4) for participants.

Pulling together to help patients and fulfil professional role/duty

Working in a UDC was seen as “offering something quite special” (DN9) as they were able to help patients in great need. Many dental nurses felt “proud” (DN9) for their contributions; “I just feel very proud how our team, you know, we treated patients and those patients were all very grateful. I just

feel proud to be able to help and treat them. And they were in dire straits really” (DN5). Being able to fulfil their “professional role” (DN6) during the lockdown also gave some participants, who initially felt “frustrated with not doing anything” (DN7), a sense of purpose. It also gave dental nurses the opportunity to work with colleagues who would not usually work with and strengthened working relationships. Facing the challenges brought by the pandemic, participants “pulled together as a team” (DN4) and supported each other, achieving a “good community spirit” (DN3).

High patient demand and heavy workload

Limited UDC capacity as a result of Covid-19 related restrictions and IPC guidelines had a detrimental impact on UDC capacity – “I mean, I think it was disappointing that we couldn’t treat more patients only because of the capacity and obviously, the PPE and what we had to do with the cleaning” (DN3). The majority of participants reported that patient demand dramatically exceeded capacity of UDCs, and the patients seen were in desperate need for urgent dental care – “We were seeing very, very desperate people, you know, frantically not knowing where to turn” (DN9). To compensate for this, some dental nurses had to increase their working hours – “Going to work on weekends, when normally I didn’t work weekends, because the amount of patients was so big” (DN5). For dental nurses in particular the physicality of “deep cleaning the surgeries afterwards” (DN3) exacerbated feelings of tiredness and exhaustion.

Participants recognised that access to urgent care “must have been incredibly hard for patients” (DN4). Participants reported that significant delays in operationalising UDCs – “Lockdown happened, and then we didn’t

actually see any patients for five weeks” (DN7) – coupled up with lack of information available to the public on how to access UDCs may have explained why patient sought care in “A&E” (DN8) departments initially, and why some UDCs were “gappy in the early days” (DN1).

Furthermore, participants recognised that managing patient expectations and making decisions when triaging patients over the phone dramatically increased the stressfulness of the UDC environment for all team members. A sense of unfairness was associated with a feeling of being taken advantage of, resulting from instances where other dental nurses failed the fit test or refused to engage in clinical face-to-face work due to the perceived risk which further increased workload – “And then it’s the same nurses that are not doing things and then obviously morale gets rubbish then because it’s the same people expected to do stuff because the other people don’t want to do it or they’re stressed about taking it home on their uniform or on their hair or whatever else, you know” (DN6).

Safety

The uncertainty around the virus, especially at the beginning of the pandemic, left dental nurses feeling “terrified” (DN6) especially as they were “going frontline” (DN1). “It was a stressful time. It was an anxious time. But I think that was the case for everybody and it was all quite unknown of what was out there and what patients might be bringing something in?” (DN8). Anxiety was high around personal and family safety – “I was scared mostly for my family and my little girl, my little daughter” (DN5).

Despite high anxiety levels, IPC protocols promoted a sense of safety both for themselves and their patients “because we know all clinics are clean, we know that we’re doing everything in our power to make sure that these surgeries and everywhere around, you know, is disinfected... I do feel more protected probably at work rather than at the petrol station” (DN6).

Suffocating PPE and communication

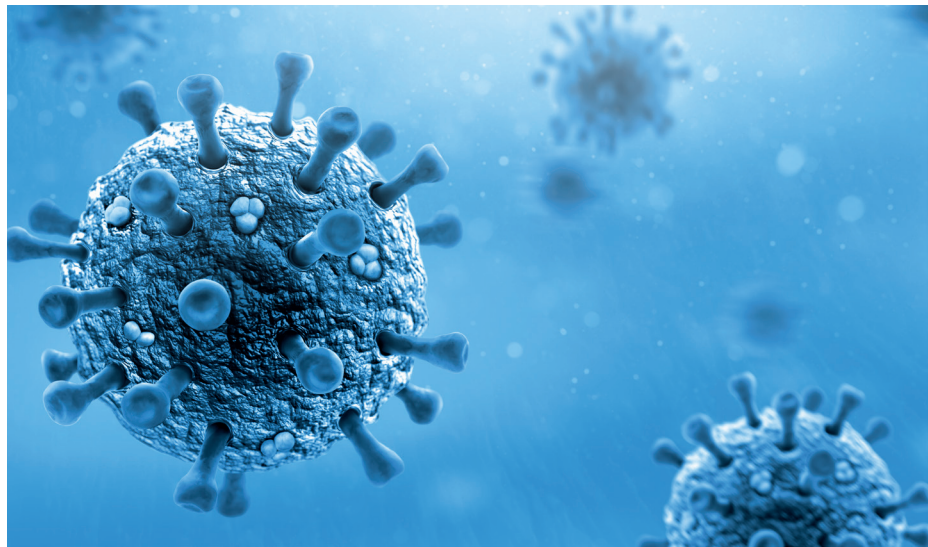
Wearing enhanced PPE was described as “really unpleasant” (DN4), “particularly exhausting” (DN3) and “claustrophobic” (DN8). “I just felt like I had to sort of adapt my breathing a little bit” (DN9), whilst others ➡

failed to stay hydrated. Working conditions were made even more difficult due to the high temperatures in the UK during the first lockdown and the cessation of the use of air-conditioning, especially when plastic gowns were used; “You remember that really hot weather we had. It was absolutely horrendous. Surgeries just were not equipped for it... I could just feel sweat going down... So, I didn’t enjoy that side of it, not at all” (DN4). Concerns about the environmental impact of increased PPE use was also raised – “I do worry about the environment, that does really worry me... just all the waste and the plastic in it and everything like the masks and the visors all covered in bags. I’m not sure how necessary that is... It is upsetting really” (DN4).

Participants described that when talking wearing respirator masks in particular “everything is muffled” (DN7) and this hindered effective communication not only between dental team members and patients but also among team members themselves. Most dental nurses recognised how much we rely on lip-reading and reading facial expressions – “We couldn’t hear each other, it’s hard to hear each other when you have this mask, I think, because we don’t realise how much we are lip-reading” (DN5). Participants also felt that enhanced PPE took away the “personal touch” (DN2) from dental team member and patient interactions. To overcome this communication difficulties some participants used “badges” (DN5) with their pictures on, so patient can see how they “look on normal days” (DN5), whilst one participant reported that in their UDC they had “flashcards” (DN8) available in order to explain things and dental procedures.

Backlog and dental access whilst returning back to normal

The majority of the dental nurses interviewed recognised that due to the Covid-19 related restrictions and implications, recovery of dentistry, particularly general dental practices, would be challenging – “I worry for the local dental practices, you know, how are they going to be able to keep going financially? Never mind the UDAs. How are you going to get those.? Yeah. Who knows? And PPE, there’s such a massive cost for this as well” (DN9). As a result, participants recognising that there is not “a never-ending pot of money” (DN2) highlighted the need to “completely change the system of NHS



dentistry... and [dental] contracts” (DN8), suggesting that a “core service” (DN2) may better suit the dental needs of the wider general population. Prioritising care to those with urgent care needs and utilising remote consultations were seen as reasonable ways to improve access, in the short term. Whilst in the longer term, increasing the number of available dentists and adopting a UDC model of service more widely was seen as necessary – “I think that we desperately, desperately need more dentists, more urgent care hubs to be just doing non-registered patients” (DN3). Similarly, putting more focus on prevention and patient education through reaching out in the communities was seen as paramount moving forwards – “But yeah, we are desperate to get more oral health educators out there to do more work in the community, schools, children centres” (DN3). The impact on workforce sustainability either due to professionals leaving or taking early retirement was highlighted.

Concluding remarks

Our findings give an insight into the experiences of dental nurses working in UDCs during the Covid-19 pandemic. The study has highlighted the dedication, and hard work of dental nurses during the coronavirus pandemic. Covid-19 has undoubtedly challenged the mental wellness of everyone, and especially that of frontline healthcare workers. Adoption of the recently published Mental Health Wellness in Dentistry framework (<https://mhwd.org>) by dental practices and services can ensure that the mental wellbeing of dental teams is

safeguarded and early signs of poor mental wellness are recognised and effectively dealt with.

Furthermore, the Covid-19 pandemic has exposed existing dental access issues as well as weaknesses of the current NHS dental contract in England. A dental contract reform, which is currently underway, is the way forward to prevent further deterioration in access and inequalities in oral health.

Concluding, it is worth including a quote by one of our dentist participants which reflects the paramount role that dental nurses played in the UDCs operation and the Covid-19 pandemic response as a whole – “The [dental] nurses. There are some really extraordinarily hardworking compassionate people.”

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References

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