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The largest low-threshold dormitory in Central Europe, which also includes the provision of health care for homeless people, including dental hygiene.

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## Editorial

# Social and health Problems of the contemporary World, Background and Perspectives

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The contemporary universal healthcare industry is faced with a myriad of challenges that hinder public health efforts to a massive degree. These challenges include but are not limited to dental anxiety, physician burnout issues, and increasing stress among healthcare specialists. Nevertheless, concepts like patient-centric care, pharmacological outreach strategies, and digital practices in pharmacies are growing rapidly in Europe and worldwide, giving hope to the healthcare industry. Multidimensional approaches must be adapted and greatly implemented among patients, healthcare experts, and policymakers to ensure sustainable success in the healthcare industry.

Socio-economic aspects linked to and negatively affecting dental health greatly hamper the effectiveness of Germany's healthcare industry. Many low-income individuals lack the socio-economic opportunities to curb their consumption of unhealthy sugary diets, and medical resources are inaccessible to them compared to high-income individuals. Burnout, the serious outcome of persistent job stress, manifests as physical and mental symptoms that greatly reduce workers' general performance and affects many German workers. It is promoted by heavy workplace burdens, illegal workplace treatment, poor supportive management, and unclear job opportunities in many German businesses. Consequently, experts have realized that the development of resilience by workers is greatly linked to burnout prevention. For instance, workers can be constantly resilient by engaging in mindfulness training and stress management schemes. Also, many Europeans face mental health problems due to psychosocial issues including poor work-life

equilibrium, unhealthy sleep patterns, and negative social lives.

Furthermore, burnout and other things like rowdy patients promote persistent stress among dentists globally, causing a reduction in the quality of patient care. This reduction is due to treatment accidents and poor communication with patients, among other issues. Another issue is dental anxiety, an adverse attitude toward oral treatment due to things like hospital odor, which affects many patients globally. It makes patients very hesitant and avoidant towards seeking oral care, hampering public health efforts (Deaconu, 2022). Additionally, many Europeans suffer from the deterioration of their oral health due to wide-ranging factors like poverty, and this ends up bringing about their suffering from chronic illnesses. An example of this is how periodontitis severity increases the risk of comorbid illnesses.

Nevertheless, Europe benefits from the concept of patient-centric care in dental care that is growing rapidly as individuals realize this concept is linked to improved patient contentment and public health. Health experts practice it by making patients' requirements, preferences, and decisions a top priority when providing them with things like personalized care services and respectful treatment. In addition, individuals globally are practicing early intervention in children's dental care, acknowledging that it influences their health path and establishes life-long behaviors. For instance, doctors constantly teach young children how to take care of their teeth, and they treat, monitor, and prevent dental issues from very early on. Moreover, German health experts are practicing pharmaceutical outreach practices to solve the issue of healthcare-based

inequities in the country that are brought about by poverty, old age, and immigration. They practice that by effectively staffing portable health centers with proficient specialists and educating remote minority communities on how to cater to their health. Additionally, European professionals have developed digital and innovative pharmacy facilities that perform such activities as encouraging patients to use customized medication patches to promote great benefits like convenient patient treatment services. However, this digitization has caused some problems like law-breaking by digital pharmacies.

German lawmakers should earmark funds for practical global schemes to reduce oral health inequalities and issues, while at the same time making dental health a fundamental public health matter and a priority. For instance, they could implement community-linked dental health promotion schemes and provide less-costly oral treatment. To effectively alleviate burnout and stress in German and global health experts, an integral strategy must be enforced by workers, employers, and governments. Such strategies should include encouraging the development of work-life balance, advancing supportive job regulations, and offering opportunities for mental healthcare. Even though pharmaceutical outreach activities have been and are being implemented, some Europeans still cannot access healthcare services. Therefore, these activities must be all-inclusive, more easily accessible, and sustainable in the long-run to curb certain issues that come with them. Individuals must focus significantly on lifestyle modifications to promote positive psychosocial factors and curb mental health deterioration globally. Dentists can improve their positive relationships with patients and encourage them to practice different activities like aromatherapy to effectively deal with dental anxiety. Various strategies can be implemented to promote digital and innovative pharmacy efforts such as the creation of proper and relevant legislation by European policymakers.

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## References

1. Deaconu, D. (2022). *Dental Anxiety – Psychological and Physical Factors as Triggers*. ResearchGate. [https://www.researchgate.net/publication/361201437\\_Dental\\_Anxiety\\_-\\_Psychological\\_and\\_Physical\\_Factors\\_as\\_Triggers](https://www.researchgate.net/publication/361201437_Dental_Anxiety_-_Psychological_and_Physical_Factors_as_Triggers).

# Stress and Burnout in the European Workplace and the Role of Resilience

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## Abstract:

**Objective:** This thesis examines the link between stress, burnout and resilience in the European workplace.

**Design:** review article

**Methods:** Using a large number of studies and data sets from various European countries, the effects of stress in the workplace on individual health and performance as well as on a societal level are analyzed.

**Results:** It becomes clear that stress and burnout are not just individual problems, but are also influenced by national economic, cultural and political factors. The results show that the risk of burnout can be influenced by a variety of different factors, which must be taken into account when developing countermeasures. In addition, cultural differences in coping with stress and the role of resilience as a protective factor against burnout are examined

**Conclusion:** The paper concludes that fostering resilience and supportive environments is crucial for mitigating workplace stress and preventing burnout.

## Introduction

Throughout Europe, people are exposed to high levels of stress at their workplace. Stress research is a wide-ranging, global field of research with a long tradition, which, in relation to burnout, focuses on the long-term strain on various areas of work (such as work pressure) and at the same time on physical and mental health.

An unmanageable, high level of stress is considered to be one of the main causes of burnout. The World Health Organization (WHO) has re-categorized burnout in its current diagnostic manual ICD-11 Burnout and relates the diagnosis of burnout exclusively to the workplace, as a result of stress that cannot be managed [1]. Burnout then manifests itself in symptoms such as emotional detachment, low performance and physical problems, all of which can be traced back to the effects of long-term stressors in the workplace [2].

In these circumstances, the concept of resilience is central to successfully coping with stress. Resilience is understood as an individual's ability to cope with adversity. It is present when someone is able to cope unexpectedly well with an extremely threatening, stressful or high-risk situation and can adapt and develop from the challenges. It is primarily aimed at mental health [2]. Resilience is therefore a crucial skill that can be used to develop the right tools and attitudes to master the challenges of modern workplaces and lead a healthy and balanced life. It is now more important than ever for burnout prevention. This article will first outline different levels of stress in the workplace in different European countries. Burnout and its causes and symptoms will then be described and the interdependencies between stress, burnout and resilience will be elaborated on.

## Theoretical Framework

Worldwide, stress levels are at a record high [3], with the effects being particularly evident in the workplace. Various studies have shown that stress levels are not only dependent on individual factors, but are also influenced by

national economic, cultural and governmental indicators.

A comprehensive study by Schaufeli (2018) [4] examines the relationship between burnout at a European country level and a variety of national economic, governmental and cultural indicators. Data on burnout was used from the 6th European Working Conditions Survey (2015), which included random samples of workers from thirty-five European countries. This data was supplemented by various economic, governmental and cultural aspects from other sources, such as the World Bank, Eurostat and the United Nations. The results show that countries with the highest burnout levels are mainly found in Eastern Europe (Poland) and South-Eastern Europe (Albania, Turkey and the countries of the former Yugoslavia; Slovenia, Croatia, Serbia, Montenegro and Macedonia). Countries with the lowest burnout levels are located in north-western Europe (such as the Netherlands, Norway, Sweden, Denmark and Finland).

Furthermore, it is found that higher levels of burnout are observed in countries with poorer economic performance in relation to gross domestic product (GDP). This relationship is non-linear, meaning that in countries with the worst economic performance, even a relatively small increase in GDP is associated with a relatively large decrease in burnout, while in the best performing countries, a further increase in GDP only marginally reduces burnout levels [4].

The study also shows that burnout levels are higher

- in countries where work is valued as more important and higher;
- in countries with weak democracy, corruption, gender inequality and low integrity;
- in less individualistic, hierarchical countries where people feel uncomfortable with uncertainty.

These findings mirror the results of other studies that have examined the relationship between work engagement, happiness and employee wellbeing [5].

The latest Lepaya study [6], in which 1,322

European employees were surveyed, confirms that European employees are highly stressed. The study shows that 66% of respondents reported experiencing distress (negative stress) at work [6]. This stress can be attributed to high work pressure, long working hours, organizational changes and job insecurity. The differentiation of stress levels in various European countries also shows that German employees are at the top of the list with a stress level of 71%, closely followed by British employees with 70% [6]. Different sectors are the most stressed. Lepaya lists the financial sector, the automotive industry, manufacturing, healthcare and education in particular. Despite the growing awareness of the problem - on both the employee and employer side - opinions differ as to who should take the initiative to tackle stress caused by the workplace. Some employees look to employers for the solution, but there is often a big disconnect here, particularly due to expectations among those employees who feel that their companies are not providing them with enough support to cope with stress. In fact, the ideas and expectations of employees and the help they demand cannot always be realistically implemented [6].

For their part, employers in Europe are trying to promote the well-being of their employees through flexible working hours, creating an environment that facilitates work-life balance [7].

## Methodology

This study employs a systematic review methodology to examine the prevalence of stress and burnout in the European workplace and to explore the interplay between stress, burnout, and resilience. The literature search was conducted using the online academic database PubMed. Keywords including “stress,” “burnout,” “workplace,” “Europe,” and “resilience” were used to identify relevant peer-reviewed articles, research reports, and grey literature. Inclusion criteria involved selecting studies published between 2010 and 2023, written in English or German, focusing on European workplaces, and providing data on stress, burnout, or resilience. Exclusion criteria included studies outside the scope of European workplaces or those lacking relevance to the topic.

Data extraction involved systematically reviewing and synthesizing information from se-

lected studies, including sample characteristics, measurement tools used, key findings, and conclusions. Quantitative data, such as prevalence rates of stress and burnout, were analyzed descriptively, while qualitative data, such as thematic analyses of resilience factors, were synthesized thematically. The synthesis of findings aims to provide a comprehensive understanding of the current state of stress, burnout, and resilience in the European workplace, identify key trends and patterns, and highlight gaps in the existing literature. This methodological approach allows for a rigorous and systematic review of the available evidence, informing discussions and recommendations for future research and practice.

## Results

In summary, we have come a long way in studying resilience, stress and burnout in the European workplace. The evidence gathered from the various studies suggests that organizational and cultural differences in coping approaches and support networks are important in combating stress and burnout.

### Observation 1: Regional Disparities in Burnout Levels

Our findings reveal significant regional disparities in burnout levels across European countries. Countries in Eastern and South-Eastern Europe exhibit higher levels of burnout compared to those in north-western Europe. This observation underscores the importance of considering regional variations in workplace stressors and the need for tailored interventions to address burnout in different contexts.

### Observation 2: Economic and Sociopolitical Factors Influence Burnout

Furthermore, our research highlights the influence of economic and sociopolitical factors on burnout levels. Countries with poorer economic performance and weaker governance structures tend to experience higher rates of burnout. This suggests that broader societal factors play a crucial role in shaping workplace stress and underscores the need for comprehensive approaches that address both individual and systemic factors contributing to burnout.



### **Observation 3: Sectoral Differences in Stress Levels**

Our study also emphasizes sectoral differences in stress levels, with certain industries such as finance, automotive, manufacturing, healthcare, and education experiencing higher levels of stress compared to others. This finding underscores the importance of targeted interventions tailored to specific industries, as well as the need for sector-wide initiatives to promote employee well-being and resilience.

### **Observation 4: Role of Organizational Support and Resilience**

Moreover, the results of our study highlight the critical role of organizational support and individual resilience in mitigating the impact of workplace stress and burnout. Employees who perceive adequate support from their organizations and possess higher levels of resilience are better equipped to cope with stressors and maintain well-being. This underscores the importance of fostering a supportive work environment and investing in resilience-building initiatives to promote employee health and productivity.

## **Discussion**

### **Burnout as a result of stress: causes and symptoms**

Burnout is the result of prolonged stress in the workplace, which manifests itself in physical and psychological symptoms that can drastically reduce a person's overall performance. Physical signs of burnout include diarrhea, high blood pressure, decreased immune function, migraines and sleep disorders [8]. On the psychological side, one may experience difficulty concentrating, depressed mood, feelings of worthlessness, loss of interest or pleasure in activities and even suicidal thoughts. Distinguishing burnout from other mental illnesses such as depression is essential, as burnout is essentially a result of chronic work stress. Factors that lead to burnout include unlimited time pressure, lack of cooperation with management, unspecified role expectations, unbearable workload and unfair treatment in the workplace [8]. If ignored, the condition leads to burnout, disconnection from work-related activities, exhaustion and fading

performance. However, burnout is treatable and employees can take preventative measures by asking their managers for support, considering a less stressful job, using personal self-techniques such as meditation and exercise, and seeking professional help when needed.

Burnout has become one of the most widespread problems in the European business environment, with a large percentage of workers showing signs of chronic stress and exhaustion [9]. Studies show that there are varying rates of burnout in several European countries and companies, but many workers complain of burnout due to work overload and emotional burnout. Causes of burnout in most workplaces in the EU include high workload, lack of supportive management, unclear role expectations and unfair treatment. The increasing normalization of chronic stress in the workplace and the more open discussion of mental health issues are increasing the level of burnout [10]. Mitigating burnout requires a holistic approach and involves creating supportive measures in the workplace, promoting work-life balance and providing resources for mental health care.

The high prevalence of burnout syndrome in European countries is considered a public health problem, and the countries concerned have taken different approaches to the issue. Although only nine of the 23 responding countries consider burnout syndrome to be an occupational risk, its economic and social cost is considerable. For example, burnout was found to be responsible for around 15% of sickness absence in the Netherlands, costing around €1.7 billion in 2005 [11]. This results in a significant financial burden of absenteeism and reduced productivity due to burnout, which the healthcare sector and employers have to bear. The understanding of burnout is growing with the development of new methods of data storage for suspected cases. As a result, there is a widespread understanding of the need for preventative measures and support systems that minimize the impact of burnout on individuals and society.

### **Resilience as a protective factor against burnout**

According to Li (2023, p. 14) [12], resilience can be understood as a burnout prevention factor, i.e. a significant protective mechanism that

prevents the destructive consequences of stress at work and burnout. It comprises several elements that make it possible to adapt to stressful situations, cope with mental stress and prevent it from having an impact on one's mental state. The most important elements of psychological capital generally include adaptability, problem-solving skills, social support systems, self-efficacy and a sense of purpose or goal orientation. Resilience helps to overcome a setback, maintain a positive attitude and continue to perform at your best despite various stressors in the workplace. Resilience should be a focus for companies in skills development as it helps employees to cope better in stressful work environments and prevent burnout. Research on healthcare workers during the COVID-19 pandemic shows that resilience is the key factor that helps to manage stress and avoid burnout in highly stressful and challenging situations. These results lead to the finding that higher resilience in healthcare workers correlates with lower levels of emotional exhaustion and depersonalization and higher levels of personal accomplishment. This finding highlights the importance of personal resources such as resilience as a mechanism for coping with the workload caused by the pandemic [13]. Resilience can be seen as a critical asset for organizations and individuals. Therefore, skills that promote resilience should be prioritized to help combat burnout and maintain our health.

Improving individual resilience in European workplaces will be crucial in the future to minimize the risk of burnout and increase the well-being of employees. Strategies to increase resilience are possible at both an individual and organizational level. At an individual level, stress management programs and mindfulness training, as well as providing opportunities to improve resilience, can help employees to better manage stress and cope with workplace challenges [9]. In addition to fostering a culture of openness and communication in the workplace, employees can seek help, which is important for developing social bonds that are essential for resilience. Organizational strategies may include departmental arrangements that provide flexibility, promotion of work-life balance, and employee assistance programs that cover practical support and resources as part of the needs [14]. European workplaces can create a caring and

encouraging environment that helps employees survive and adapt to difficult times by focusing on resilience-building activities for individuals and organizations.

### **Cultural influences on resilience and coping mechanisms**

Luong et al. (2020) [15] investigated the role of cultural differences in the formation of coping strategies and their effects on affective reactions and memories. They compared the coping strategies of Chinese Americans (CA) and European Americans (EA) when interpersonal conflict becomes a problem. CAs, who often come from more collectivist cultures, favor strategies that help maintain social harmony and peaceful co-existence, whereas EAs, who mainly come from more individualistic cultures, tend to use more confrontational strategies. CAs showed a lower response to the immediate positive affect elicited by the tasks. However, the stronger recovery of positive affect compared to EAs was due to higher ratings of emotional support and lower endorsement of opinion defense. Nevertheless, one week later, the EAs indicated that they had experienced much more positive affect and much less negative affect from the tasks, an inaccuracy for which the authors blamed their greater tendency to defend their opinions. The results of the present study emphasize that cultural differences in coping strategies shape affective experiences for the different time periods, indicating the sensitive interactions between culture, coping strategies and the resulting emotions.

Cultural values of national importance greatly influence workforce resilience. Cultures may differ in their emphasis on factors such as individualism versus collectivism, uncertainty avoidance, power distance, and long-term versus short-term orientation, which can play a crucial role in how individuals behave in adverse situations and how they bounce back after challenges [16]. It can be seen that collectivism is emphasized in many Asian countries. Therefore, individuals in these cultures may seek support from their social networks and develop strategies to hold together as a core resilience. As in many Western countries, resilience in cultures that are considered highly individualistic is developed through independence, assertiveness, personal growth and autonomy. By exploring and leverag-

ing such culturally determined traditions, developing tailored programs can thus help improve resilience. Establishing organizational policies that resonate with employees and allow them to thrive in different cultures can be creatively designed and tailored to each employee [17].

The study of European expatriate executives in New Zealand and cross-cultural training (CCT) can provide insight into the critical role of cultural awareness in corporate training programs. The findings highlight that multinational corporations (MNCs) in Europe should increase organizational support for expatriate CCT programs to equip employees for MNC roles [18]. The research highlights the inadequacy of the host country culture in providing CCT for expatriates. This calls for a gap in the consideration of cultural adaptation in CCT. Multinational companies operating in Europe therefore need to adopt a well-rounded and adaptable CCT that takes a unique approach that leverages the understanding and capabilities of the host country culture [18]. By closing the existing gap and providing expatriates with the tools and knowledge they need to overcome cultural differences, MNCs can better support their employees to adapt and perform in international cultural environments.

### **Policy implications and recommendations**

Recommending sustainable solutions to stress and burnout in Europe requires a two-dimensional approach that is identical to government and employer policies. Governments can play a key role by enacting regulations that lead to work-life balance and limit working hours. Companies, for their part, should create a conducive work environment, offer wellbeing programs, organize resilience training and encourage openness in stress management [19]. More importantly, resilience should be integrated into curricula and professional development programs to enable individuals to take ownership of their level of competence in overcoming challenges at work. European employment policies should be supported with robust campaigns for a holistic approach to health that includes the interrelation or interdependence between physical, mental and emotional health in building a productive and sustainable workplace [19]. By integrating these suggestions into their develop-

ment concepts, European organizations can create an environment that promotes resilience and well-being to prevent stress and burnout among their employees [20].

### **Conclusion**

Burnout in the workplace significantly impacts employees' quality of life, leading to severe physical and psychological symptoms that diminish overall performance and well-being. Our research has identified critical risk factors, including high workload, lack of supportive management, unclear role expectations, and economic and sociopolitical influences. These factors contribute to elevated stress levels and higher rates of burnout, particularly in certain regions and sectors. Resilience emerged as a vital protective factor, enabling individuals to cope better with workplace stress and maintain their mental health. Employees with higher resilience levels and adequate organizational support are more likely to navigate stress effectively, thereby preventing burnout. To improve the situation, we recommend integrating resilience training into academic curricula and professional development programs. Additionally, organizations should create supportive work environments, promote work-life balance, and offer resources for mental health care. By adopting these strategies, workplaces can enhance employee well-being, reduce burnout, and foster a healthier, more productive workforce.

Moving forward, it is clear that resilience training should be included in academic programs and professional development seminars to equip individuals with the necessary skills to navigate the challenges of the modern workplace. Future research should focus on investigating the effectiveness of these interventions and looking for further ways to strengthen resilience in the rapidly changing work context. Despite the complexity of the European work environment, workforce resilience is critical as a common denominator for improving workers' physical and mental well-being and productivity.

### **References**

1. WORLD HEALTH ORGANIZATION (2019/2021) *International Classification of Diseases*, Eleventh Revision (ICD-11), <https://icd.who.int/browse11>.

2. EDU-VALSANIA S, LAGUIA A, MORIANO J A (2022) *Burnout: A Review of Theory and Measurement*. Int. J. Environ. Res. Public Health 2022, 19, 1780. <https://doi.org/10.3390/ijerph19031780>.
3. HOFFMAN M (2022) *Innere Kündigung, geringe Mitarbeiterbindung Stresslevel weltweit auf Rekordhoch*. Spiegel.
4. SCHAUFELI W B (2018) *Burnout in Europe: Relations with national economy, governance, and culture*. Research Unit Occupational & Organizational Psychology and Professional Learning (internal report). KU Leuven, Belgium.
5. DIENER E, DIENER M, DIENER C (2009) *Factors predicting the subjective well-being of nations*. (pp. 43-70). In E. DIENER (Ed.), *Culture and well-being*. New York: Springer.
6. LEPAYA (2021) *Zwei Drittel der europäischen Arbeitnehmer erleben übermäßigen Arbeitsstress - Lepaya DE*. <https://www.lepaya.com/blog/stress-at-work#:~:text=No%20less%20than%2066%25%20of,play%20a%20role%20in%20this>
7. BOUWMEESTER O, ATKINSON R, NOURY L, RUOTSALAINEN R (2021) *Work-Life-Balance-Strategien in leistungsstarken Organisationen: Eine vergleichende Interviewstudie mit Millennials in niederländischen Beratungsunternehmen*. Deutsche Zeitschrift für Human Resource Management, 35(1), S.6-32.
8. SCOTT E (2022) *Wie man Burnout-Symptome erkennt*. <https://www.verywellmind.com/stress-and-burnout-symptoms-and-causes-3144516>.
9. GABRIEL K P, AGUINIS H (2022) *Vorbeugung und Bekämpfung von Burnout bei Mitarbeitern und Schaffung gesünderer Arbeitsplätze in Krisenzeiten und darüber hinaus*. Business Horizons, 65(2), S.183-192.
10. SOVOLD L E, NASLUND J A, KOUSOULIS A A, SAXENA S, QORONFLEH M W, GROBLER C, MUNTER L (2021) *Die psychische Gesundheit und das Wohlbefinden der Beschäftigten im Gesundheitswesen: eine dringende globale Priorität für die öffentliche Gesundheit*. Frontiers in Public Health, 9, S.679397.
11. LASTOVKOVA A et al. (2021) *Das Burnout-Syndrom als Berufskrankheit in der Europäischen Union: „eine explorative Studie“*. Industrial Health, 56(2), S. 160-165. <https://doi.org/10.2486/indhealth.2017-0132>.
12. LI S (2023) *Die Wirkung von Lehrer-Selbstwirksamkeit, Lehrer-Resilienz und Emotionsregulation auf Lehrer-Burnout: ein Vermittlungsmodell*. Frontiers in Psychology,
13. FERREIRA P, GOMES S (2021) *Die Rolle der Resilienz bei der Reduzierung von Burnout: Eine Studie mit Beschäftigten im Gesundheitswesen während der COVID-19-Pandemie*. Sozialwissenschaften, 10(9), S.317.
14. KOSSEK E E, PERRIGINO M B, LAUTSC B A (2023) *Work-Life-Flexibilitätsmaßnahmen aus der Perspektive der Grenzkontrolle und der Umsetzung: ein Überblick und ein Forschungsrahmen*. Zeitschrift für Management, 49(6), S.2062-2108.
15. LUONG G, ARREDONDO C M, CHARLES S T (2020) *„Kulturelle Unterschiede bei der Bewältigung zwischenmenschlicher Spannungen führen zu divergierenden kurz- und längerfristigen affektiven Konsequenzen“*, Cognition & Emotion, 34(7), S. 1499-1508. <https://doi.org/10.1080/02699931.2020.1752153>.
16. SCHLAEGEL C, GUNKEL M, TARAS V (2023) *COVID-19 und individuelle Leistung in globalen virtuellen Teams: Die Rolle von Selbstregulierung und individuellen kulturellen Wertorientierungen*. Journal of Organizational Behavior, 44(1), S.102-131.
17. LIANG F, CAO L (2021) *Verknüpfung der Widerstandsfähigkeit von Mitarbeitern mit der Widerstandsfähigkeit von Unternehmen: Die Rolle der Bewältigungsmechanismen und der Resilienz von Führungskräften*. Psychology Research and Behavior Management, S.1063-1075.
18. TAHIR R (2022) *Cross-cultural training: a study of European expatriates in New Zealand*. European Journal of Training and Development, 46(9), S.894-919.
19. KOBAL GRUM D, BABNIK K (2022) *Das psychologische Konzept der sozialen Nachhaltigkeit am Arbeitsplatz aus der Perspektive der nachhaltigen Ziele: A systematic review*. Frontiers in Psychology, 13, S.942204.
20. CHANGAEE A, RENGER F (2022) *Targeted Measures in Personnel Management*

*for Regional Branch Pharmacy Structures  
against the Background of Demographic  
Change and the Shortage of Skilled Workers,*  
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31, Vol. 3-4, pp. 10-17, ISSN: 1335-0579.

# Early Intervention in pediatric Dentistry: Nurturing lifelong Oral health Habits

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## Abstract:

Early intervention in pediatric dentistry is crucial in influencing children's oral health trajectory and establishing habits that may last a lifetime. Pediatric dentists strive to develop good dental hygiene habits in young children via early detection, treatment, education, and prevention (Happykidsdental, 2024). To foster good dental hygiene habits for life, this study explores the many aspects of early intervention in pediatric dentistry.

Pediatric dentistry is essential for youngsters to have healthy teeth and gums. It considers the specific requirements and difficulties during infancy and goes beyond regular dental check-ups (Wang, 2023). Pediatric dentists provide the groundwork for optimal dental health throughout a child's life by concen-

trating on early intervention, individualized treatments, and preventative care (Krol and Whelan, 2022). They make the dentist's office a fun place for kids, encouraging them to have good experiences there and teaching their parents how to care for their teeth better (Happykidsdental, 2024). Issues such as thumb-sucking, teething, and assisting youngsters with orthodontic troubles are also part of a pediatric dentist's expertise (Lin, 2022). Pediatric dentists are medical professionals who focus on children's oral and dental health (dentalcare.com, 2023). They help children maintain good teeth and jaw development, which benefits their general health.

Pediatric dentistry is a subspecialty of general dentistry that focuses on the specific problems and requirements of dental health in children. It covers a lot of ground, from general dental checkups and education to more precise treatments for common problems in children and teenagers (Clinical Affairs Committee, 2012). Dental treatment for children goes beyond just fixing cavities; pediatric dentists also work to alleviate anxiety and promote a good attitude toward the dentist from a young age (Happykidsdental, 2024). Building a solid foundation for excellent dental health throughout a child's life begins in the early years (Baker, Lee and Wright, 2019). The importance of early interventions in establishing excellent oral hygiene habits and avoiding dental disorders before they happen is acknowledged in this particular area (Krol and Whelan, 2022). Pediatric dentists play a dual role as healthcare practitioners and educators, helping children and their families maintain good oral health and wellness.

The field of pediatric dentistry focuses on the dental health and welfare of children from the time they are infants until they reach puberty (Wang, 2023). Encouraging youngsters to form good habits with their teeth and gums is integral to this niche field's mission to promote dental health (Lin, 2022). The formative years are essential to provide the groundwork for excellent dental health throughout a child's life.

## Education and Awareness

Teaching children how to properly care for their teeth and gums is an essential first step in pediatric dentistry early intervention programs. In this process, parents are the primary instructors, and pediatric dentists are vital in providing them with the necessary information (Krol and Whelan, 2022). They teach parents the value of preventative dental care, the best ways to clean their teeth, and how food choices affect their children's oral health (Sanchez and Childers, 2000). With this information, parents should encourage their children to practice good dental hygiene (Owen et al., 2022).

Educating parents and caregivers is integral to pediatric dentistry, which extends beyond only treating children. Kids' dentists encourage parental involvement in their children's dental care by giving detailed instructions on proper oral hygiene, healthy eating, and other behaviors that affect teeth and gums (Happykidsdental, 2024). Kids can benefit from their pediatric dentists' guidance and instruction regarding maintaining healthy teeth and gums for the rest of their lives (Broughton et al., 2014).

Because sugar consumption is a significant risk factor for dental caries, pediatricians can help prevent these cavities by guiding their pa-

tients toward healthier eating habits and more balanced nutrition (NHS, 2024). When the baby and the mother choose to breastfeed exclusively for the first six months and continue to do so when supplementary meals are given for at least a year, the risk of caries may be reduced (Krol and Whelan, 2022). Pediatricians can help families create a nighttime routine that promotes good oral health and reduces the likelihood of dental caries, which can negatively affect a child's health and development (Clinical Affairs Committee, 2012). Pediatricians recommend that parents and caregivers wean newborns off bottles before their first birthday to reduce the amount of sugar that gets stuck in a child's teeth even after brushing (Krol and Whelan, 2022). Parents and guardians might benefit from counseling on the significance of limiting their children's intake of foods and beverages that contain added sugars.

The risk of caries can be reduced by avoiding sugared drinks and juices and reducing the quantity and frequency of meals with added sugars. It is recommended by pediatricians that children drink only water between meals, ideally fluoridated tap water (YALÇIN and ÖZTÜRK, 2022). It is discouraged to consume 100% juice before the age of one, and children between the ages of one and three should drink at most four ounces daily (Krol and Whelan, 2022). Children between the ages of four and six should only drink four to six ounces of juice daily. Finally, healthcare practitioners may encourage healthy eating habits by counseling families to follow USDA recommendations.

## Preventive Measures

Preventive procedures like dental sealants and fluoride treatments are crucial to protect teeth from cavities and other oral health problems. Fluoride treatments can be applied topically or systemically to enhance tooth enamel and prevent caries (Aviv Shmueli et al., 2023). Sealants are applied to grooves and fissures of teeth with the aim of further protecting them from food and bacteria (Lin, 2022). Children with a high risk of having dental caries, which could be due to bad eating habits or improper oral hygiene, can benefit a lot from these treatments (Wang, 2023).

The power to act at an early stage is the greatest advantage of pediatric dentistry. Drawing on

close observation of a child's dental health, pediatric dentists can pick up problems early and act fast (Happykidsdental, 2024). The potential for more extensive and costly treatments may be reduced by early detection of tooth problems through preventive techniques (Mora et al., 2013). Ensuring that children's oral health remains on track requires early intervention, which includes monitoring tooth eruption and resolving orthodontic issues (Wang, 2023).

The value of good oral hygiene lies in controlling the levels and activity of disease-causing bacteria in the oral cavity and delivering fluoride to the surface of the tooth (Lin, 2022). Parents and caregivers may transmit harmful microorganisms to their children; therefore, it is crucial to provide both the parent or caregiver and the youngster with advice in advance (dentalcare.com, 2023). A parent or guardian can set a positive example for the child by brushing regularly and maintaining a healthy relationship with the dentist (Owen et al., 2022). It is recommended that parents or guardians instruct their children to brush their teeth with a little bit of fluoridated toothpaste twice a day as soon as their teeth sprout (Boustedt et al., 2019). A small quantity about the size of a pea may be used after the third birthday (Krol and Whelan, 2022). In addition, pediatricians might recommend that children have their parents or guardians help them clean their teeth until they reach the age of 10, when they typically become proficient at it on their own (Aviv Shmueli et al., 2023).

Multiple methods exist for delivering fluoride to teeth: water fluoridation, the self-administration of fluoride products, including toothpaste, rinses, and supplements, and professional treatments, such as silver diamine fluoride and fluoride varnish (Krol and Whelan, 2022). Families, particularly those without access to early and regular continuing dental treatment, greatly benefit from fluoride as a preventative primary care intervention (Clinical Affairs Committee, 2012). During preventive checkups, physicians may ask parents about their kid's exposure to fluoride from drinking fluoridated water and other sources, and they can recommend that the child have fluoride in the form of oral and topical applications regularly to help keep their teeth healthy.



An intervention that maximizes the amount of fluoride in drinking water, known as water fluoridation, protects teeth both before and after erupting. With a lifetime cost per person that is less than that of 1 dental repair, water fluoridation is an affordable way to prevent dental cavities (Krol and Whelan, 2022). The majority of bottled waters are deficient in fluoride. Many families that are more likely to have dental caries use bottled water rather than tap water that has been fluoridated (Aviv Shmueli et al., 2023). If a child's main water supply lacks fluoride, a doctor may recommend fluoride supplements for children six months and above.

One of the most effective ways to coat teeth with fluoride is fluoride toothpaste. Both baby and permanent teeth may benefit from fluoride toothpaste to lessen the risk of dental caries (Happykidsdental, 2024). Another method of applying fluoride topically is fluoride mouth rinses, which have been linked to decreased caries in the permanent teeth of children and adolescents, especially at educational institutions.

A significant decrease in dental cavities is linked to applying fluoride varnish to primary or permanent teeth two to four times yearly. Doctors may apply fluoride varnish to the teeth of youngsters as old as one in most states (Krol and Whelan, 2022). Toothpaste made of silver diamine fluoride, an ammonia solution with silver and fluoride ions, helps stop the progression of caries in children and may be used on both baby and permanent teeth, even ones that have cavitated to the dentin (Boustedt et al., 2019). Silver diamine fluoride therapy should be a continuing component of a caries control strategy to get the optimum results for each patient per the principles of a dental home (Krol and Whelan, 2022). When a patient and dentist form a lasting connection, the patient receives complete, always-available, coordinated, family-centered oral health treatment.

### **Monitoring and Early Detection**

Pediatric dentists can carefully monitor their patients' tooth development when they see them for checkups regularly. To intervene early, dentists use diagnostic technologies and clinical tests to detect any problems in their early stages. Early intervention reduces the likelihood of long-term consequences for patients with con-

ditions, including misalignment, malocclusion, and developmental abnormalities (Happykidsdental, 2024). In addition, immediate management enables the preservation of the afflicted teeth's integrity and the prevention of future degeneration when dental disorders like cavities or gum disease are detected early.

The dental care requirements of adults and children are distinct. They need extra attention as their smiles develop. Pediatric dentists are well-versed in and able to meet these specific requirements (Lin, 2022). Their knowledge allows them to treat youngsters at the right age, keep tabs on their tooth growth, and teach them how to care for them properly (Krol and Whelan, 2022). Pediatric dentistry provides individualized care to promote healthy tooth development, including cavity prevention and fluoride treatments.

### **Behavioral Guidance**

Pediatric dentists can help parents and kids develop good habits when caring for their teeth and gums. To encourage healthy tooth growth, methods are taught to discourage destructive behaviors like thumb sucking and using a pacifier for too long (American Academy of Pediatric Dentistry, 2020). Dentists also use techniques to help nervous kids feel more at ease during their appointments (Krol and Whelan, 2022). Children may develop a lasting respect for dental hygiene by seeing their pediatric dentist in a welcoming and encouraging setting (Meraj, 2018).

Things like thumb sucking, teething, and baby bottle tooth decay are unique to children's dental health. Experts in pediatric dentistry can help with these concerns by providing advice and treatment tailored to the specific needs of children (Happykidsdental, 2024). To ensure kids have excellent oral health throughout childhood, they can provide great recommendations on what to eat, how to brush teeth, and how to avoid problems (YALÇIN and ÖZTÜRK, 2022).

Nonnutritive oral habits, including sucking one's thumb or finger, are a common subject of conversation with parents or caregivers. Due to pacifiers' protective impact on sudden infant death syndrome incidence beyond the first month of life, the AAP suggests that parents/caregivers consider giving them a pacifier during naptime and nighttime (Krol and Whelan, 2022). When

sucking for reasons other than nutrition persists beyond the age of three, a visit to the dentist is in order (American Academy of Pediatric Dentistry, 2020). Although children that suck on a pacifier are less likely to have malocclusions compared to those that suck on their digits, the risk of malocclusions increases with the length of time that a pacifier or digit is sucked (Krol and Whelan, 2022). Malocclusions are also less common in infants whose mothers breastfeed.

Some kind of oral trauma affects 25% of school-aged children. Pediatricians can assist in avoiding such injuries by encouraging the use of automobile safety seats, being aware of the danger of electrical cords injuring the mouth, and advising parents and caregivers to cover sharp edges of home furniture at the level of walking toddlers (Krol and Whelan, 2022). Pediatricians can also recommend using mouthguards for games like baseball, field hockey, and basketball that pose a high risk of orofacial injuries.

### **Prompt Treatment**

To maintain good oral health, it is essential to treat issues such as cavities, gum disease, and other conditions as soon as possible (Broughton et al., 2014). Dental professionals work hard to restore patients' teeth to their best via preventative treatments and restoration operations like fillings and root canals (Happykidsdental, 2024). Pediatric dentists can help keep teeth healthy and reduce the likelihood of problems by treating cavities and other dental issues quickly.

The foundation of pediatric dentistry is preventative care. The best way to keep your teeth and gums healthy is to see your dentist regularly for cleanings and preventive treatments like sealants and fluoride (Grosso et al., 2007). Pediatric dentists may save their young patients a lot of trouble, discomfort, and expensive and intrusive treatments by spotting problems early and treating them quickly (Happykidsdental, 2024). Pediatric dentistry has the capacity to intervene early and, as such, has a great advantage. Thanks to an attentive examination of the oral status of a child, pediatric dentists can anticipate possible dental problems and promptly intervene (Krol and Whelan, 2022). The magnitude of the cost for more complex and costly treatments can be reduced by the earlier detection of tooth problems using preventative approaches (Lin, 2022).

Maintaining children's oral health trajectory is achieved through early intervention, comprising monitoring tooth emergence and resolving orthodontic problems.

### **Multidisciplinary Oral Health Program (OHP) in German Children**

Caries prevalence and experience are reduced in participants of an OHP program according to an assessment of the multidisciplinary OHP for early childhood caries (ECC) in 5-year-old Thuringian children in Germany (Wagner and Heinrich-Weltzien, 2016). Caries are more common in children from low-income families, those who drink sugary drinks frequently throughout the day, and those who breastfeed/bottle feed for longer periods. However, children can reduce their risk of developing caries through good oral hygiene practices, such as brushing their teeth at a young age and having an adult supervise them (Law, 2007). Prevention of ECC may be achieved by a program that includes early maternal counseling, the creation of a dental home, enrollment of children in a recall system based on caries risk, ongoing dental treatment, and fluoride varnish (Wagner and Heinrich-Weltzien, 2016). Families participating in the OHP begin cleaning their teeth sooner and have their children wash their teeth under supervision more often (Wagner and Heinrich-Weltzien, 2016). Children should brush their teeth with fluoride toothpaste at least twice daily, preferably under a parent's watchful eye, to reduce the risk of dental caries (Mora et al., 2013). If parents brush their children's teeth twice a day, it will remove more plaque and clean them better.

Recent research has shown that dental decay is more common in children whose parents do not regularly wash their teeth and in children who start brushing their teeth later in the day (Boustedt et al., 2019). Therefore, it's crucial for parents to begin brushing their child's teeth alongside them as soon as the first tooth comes in and to be there to help and watch them while they do it (Law, 2007). German health insurance companies recommend that children receive their first dental checkup between 30 and 42 months (Wagner and Heinrich-Weltzien, 2016). Even at the tender age of three, children feel the effects of ECC (Wagner and Heinrich-Weltzien, 2016). First dental checkups should be sched-

uled no later than 12 months of age and no later than six months after the first tooth erupts, according to the American Academy of Pediatrics (AAPD) (Sanchez and Childers, 2000). During the first dental checkup, the dentist may assess the child's risk of cavities, advise the caretaker on proper nutrition and oral hygiene, and enroll the child in a personalized reminder system based on their risk. More regular dental checkups are necessary for children whose risk of cavities is high compared to those with low or moderate risk (Clinical Affairs Committee, 2012). Plaque removal, re-evaluation of caries risk, and expert fluoride varnish administration are all possible restorative or preventative actions.

According to the U.S. Preventive Services Task Force, all babies should begin applying fluoride varnish to their primary teeth as soon as they erupt. Research shows that frequent dental checkups and counseling for mothers may change families' eating habits (Wagner and Heinrich-Weltzien, 2016). Compared to other groups, children in the OHP consumed less sugary snacks and drinks throughout the day. The risk of acquiring caries increases when a bottle containing sugary or acidic liquids is used for frequent feedings (Mora et al., 2013). There is conflicting evidence in the literature about the link between breastfeeding and dental caries. According to a recent meta-analysis, the risk for ECC is increased by a cariogenic diet, insufficient oral hygiene habits, and extended, frequent, and nocturnal nursing after one year of age (Wagner and Heinrich-Weltzien, 2016).

Many children's healthcare habits, including what they eat and how often they brush their teeth, are shaped by their moms and other primary caregivers. Mothers who regularly receive anticipatory instruction and motivational interviewing techniques may help their children learn to self-manage their dental health (Grosso et al., 2007). Another important finding of research is that socioeconomic status (SES) significantly affects ECC development (Baker, Lee and Wright, 2019). Those from lower socioeconomic backgrounds are reported to have a higher prevalence of ECC (Baker, Lee and Wright, 2019). Participating children from low-SES families had a greater prevalence of caries than those from middle- or high-SES families (Wagner and Heinrich-Weltzien, 2016).

## Conclusion

Early intervention in pediatric dentistry plays a pivotal role in nurturing lifelong oral health habits in children. Pediatric dentists work hard to establish good dental hygiene habits in their young patients using early teaching, preventative measures, monitoring, behavioral guidance, and timely treatment. Pediatric dentists help children's oral and general health by focusing on preventive measures and creating a happy dental experience. This sets children up for a lifetime of good oral health.

## References

1. AMERICAN ACADEMY OF PEDIATRIC DENTISTRY (2020) *Behavior Guidance for the pediatric Dental Patient Review Council*. [online] Available at: [https://www.aapd.org/globalassets/media/policies\\_guidelines/bp\\_behavguide.pdf](https://www.aapd.org/globalassets/media/policies_guidelines/bp_behavguide.pdf).
2. AVIV S, ASSAD-HALLOUN A, AVIA F-N, HALPERSON E, EINAT S, RAM D, MOSKOVITZ M (2023) Promoting oral and dental health in early childhood - knowledge, views and current practices among paediatricians in Israel. *Frontiers in Pediatrics*, 10. doi:<https://doi.org/10.3389/fped.2022.956365>.
3. BAKER S, LEE J, WRIGHT R (2019) *The Importance of the Age One Dental Visit*. [online] Available at: <https://www.aapd.org/globalassets/media/policy-center/year1visit.pdf>.
4. BOUSTED K, DAHLGREN J, TWETMAN S, ROSVALL J (2019) Tooth brushing habits and prevalence of early childhood caries: a prospective cohort study. *European Archives of Paediatric Dentistry*. doi:<https://doi.org/10.1007/s40368-019-00463-3>.
5. BROUGHTON J R, PERSON M, MAIPI J T H, COOPER-TE K R, SMITH-WILKINSON A, TIAKIWAI S, KILGOUR J, BERRYMAN K, MORGAIN K C, JAMIESON L M, LAWRENCE H P, THOMSON W M (2014) Ukaipō niho: the place of nurturing for oral health. *The New Zealand Dental Journal*, [online] 110(1), pp.18–23. Available at: <https://pubmed.ncbi.nlm.nih.gov/24683916/> [Accessed 10 Feb. 2024].
6. BURGETTE J M, PREISSER J S, WEINBERGER M, KING R S, ROZIER R G

- (2017) Early Head Start, Pediatric Dental Use, and Oral Health–Related Quality of Life. *JDR Clinical & Translational Research*, 2(4), pp.353–362. doi:<https://doi.org/10.1177/2380084417709758>.
7. CLINICAL AFFAIRS COMMITTEE (2012) *Official but Unformatted Guideline on Infant Oral Health Care Originating Committee Clinical Affairs Committee -Infant Oral Health Subcommittee Review Council Council on Clinical Affairs Adopted*. [online] Available at: [https://www.aapd.org/assets/1/7/G\\_InfantOralHealthCare.pdf](https://www.aapd.org/assets/1/7/G_InfantOralHealthCare.pdf).
  8. dentalcare.com (2023). *Basic Techniques for Management of the Infant and Toddler Dental Patient - Dentalcare Course | Dentalcare*. [online] [www.dentalcare.com](http://www.dentalcare.com). Available at: <https://www.dentalcare.com/en-us/ce-courses/ce54> [Accessed 10 Feb. 2024].
  9. GROSSO P, BROWN A, ZAVERI H, SILVA S, ZIMMERMAN B, HOPEWELL A, PAULSELL (2007) *Oral Health Promotion, Prevention, & Treatment Strategies for Head Start Families: Early Findings from the Oral Health Initiative Evaluation Volume I: Final Interim Report*. [online] Available at: [https://www.acf.hhs.gov/sites/default/files/documents/opre/early\\_findings\\_vol1.pdf](https://www.acf.hhs.gov/sites/default/files/documents/opre/early_findings_vol1.pdf) [Accessed 10 Feb. 2024].
  10. HAPPYKIDSDENTAL (2024) *The Importance of Pediatric Dentistry: Why It Matters?* [online] [happykidsdental.org](http://happykidsdental.org). Available at: <https://happykidsdental.org/blog/the-importance-of-pediatric-dentistry-why-it-matters> [Accessed 10 Feb. 2024].
  11. KROL D M, WHELAN K (2022) Maintaining and Improving the Oral Health of Young Children. *Pediatrics*, 151(1). doi:<https://doi.org/10.1542/peds.2022-060417>.
  12. LAW C S (2007) The Impact of Changing Parenting Styles on the Advancement of Pediatric Oral Health. *Journal of the California Dental Association*, 35(3), pp.192–197. doi:<https://doi.org/10.1080/19424396.2007.12221217>.
  13. LIN H (2022) *Early Intervention in Pediatric Malocclusion*. [online] *Decisions in Dentistry*. Available at: <https://decisionsindentistry.com/article/early-intervention-in-pediatric-malocclusion/> [Accessed 10 Feb. 2024].
  14. MERAJ B (2018) *Learning Good Oral Health Habits: A Lifelong Journey*. [online] Available at: <https://openlab.citytech.cuny.edu/city-tech-writer-sampler/files/2019/07/Meraj-2018.pdf> [Accessed 10 Feb. 2024].
  15. MORA I A, CASTILLO Y L, PEREZ C, DE LA C M, SILVA K P, AROCHA B A G (2013) Intervención de salud bucal en escolares con hábitos deformantes bucales. *Medisur*, [online] 11(4), pp.410–421. Available at: <http://www.medisur.sld.cu/index.php/medisur/article/view/2543> [Accessed 10 Feb. 2024].
  16. NHS (2024). *Developing people health-care for health and*. [online] Available at: <https://madeinheene.hee.nhs.uk/Portals/13/NHS%20Brochure%20-%20Early%20Years%2008-Digital.pdf>.
  17. OWEN J, GRAY-BURROWS K A, ESKYTE I, WRAY F, BHATTI A, ZOLTIE T, STAPLES A, GILES E, LINTIN E, WEST R, PAVITT S, MCEACHAN R R C, MARSHMANN Z, DAY P F (2022) Co-design of an oral health intervention (HABIT) delivered by health visitors for parents of children aged 9–12 months. *BMC Public Health*, 22(1). doi:<https://doi.org/10.1186/s12889-022-14174-w>.
  18. ROBERTS J F, CURZON M E J, KOCH G, MARTENS L C (2010) Behaviour Management Techniques in Paediatric Dentistry. *European Archives of Paediatric Dentistry*, [online] 11(4), pp.166–174. doi:<https://doi.org/10.1007/bf03262738>.
  19. SABOGAL L (2014) Available at: <https://scholarworks.calstate.edu/downloads/nz806297z> [Accessed 10 Feb. 2024].
  20. SANCHEZ O M, CHILDERS N K (2000) Anticipatory Guidance in Infant Oral Health: Rationale and Recommendations. *American Family Physician*, [online] 61(1), pp.115–120. Available at: <https://www.aafp.org/pubs/afp/issues/2000/0101/p115.html>.
  21. TASAMA C E, ALZATE R A (2017) Effectiveness of an educational intervention in oral health among students of the Universidad Santiago de Cali. *Revista Estomatología*, 24(2). doi:<https://doi.org/10.25100/re.v24i2.5797>.
  22. WAGNER Y, HEINRICH-WELTZEIN R (2016) Evaluation of a regional German interdisciplinary oral health programme for

- children from birth to 5 years of age. *Clinical Oral Investigations*, 21(1), pp.225–235. doi:<https://doi.org/10.1007/s00784-016-1781-8>.
23. WANG K (2023) The Importance of Paediatric Dentistry: Nurturing Healthy Smiles from a Young Age. *J Dent Sci Med*, [online] 6, p.209. doi:<https://doi.org/10.4172/did.1000209>.
24. YALCIN V, OZTURK O (2022) Dental Health in Early Childhood: “I Can Do It If You Teach. *International Journal of Psychology and Educational Studies*, 9, pp.856–865. doi:<https://doi.org/10.52380/ijpes.2022.9.4.763>.

# Patient-centered Care in Dentistry

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## Abstract:

Patient-centered care (PCC) in dentistry is a holistic approach that considers not just the dental condition but also the patient's individual preferences, needs, and values (Kristensen et al., 2023). It aims to ensure that patient values guide all clinical decisions, fostering a collaborative and respectful patient-dentist relationship. It tries to make sure patients' values determine clinical decisions so that an interaction involving both the dentist and a patient-centered approach with respect will result. This interconnection in dentistry goes further because psychosocial factors, such as experiencing dental phobia and one's economic class, affect oral health significantly. Dental phobia, which can create treatment avoidance, accentuates the necessity of comprehending and addressing such issues to provide effective and patient-centered care (Kristensen et al., 2023). Another issue is economics, which can hinder getting

care, especially when dealing with a low-income group. Data shows that PCC is associated with a reduction in the use of health resources, better patient satisfaction, and better overall health. Additionally, PCC can aid professional healthcare workers when it comes to litigation cases, and it reduces work dissatisfaction, which is another indicator of its value.

Integrating objective data into treatment strategies is essential for effectively implementing PCC in dentistry. Objective data, for instance, clinical parameters that can be quantified, serve as a research basis that completes the information patients can provide regarding their subjective experiences (DrKumo, 2023). Integration of the two of them provides a broader picture of the patient's current oral health status and the potential available treatments. For example, tracking a patient's hard data figures of probable oral wellness indicators like gingivitis and tooth damage alongside their subjective details, such as reported symptoms or concerns, can aid in recognizing patterns and customizing treatment plans to achieve better results by offering optimized services to the patients (DrKumo, 2023). However, despite the bright side of PCC, there are also some difficulties that persist; among them, one can highlight the absence of a uniform definition and detailed recommendations for its application in dentistry. Reasonable attempts are being made to tackle them by virtue of a theory-based PCC model created with the dental setting as its core area of application. However, additional research that would entail empirical testing of the model and its practicality is needed to realize the potential for developing patient-centered care in dentistry, indicating the rising importance of this model and its timely implementation in dentistry.

### **Historical Context of Dentistry in Europe**

The development of dentistry's role in medicine as a healthcare profession in Europe started in the Middle Ages. Back then, barber surgeons dominated oral healthcare and other medical services. The history of dentistry goes back even to ancient civilizations. Still, it was not recognized as a unique profession until the early eighteenth century. Perhaps the most important contribution was the textbook "The Façures of Dentistry" by Pierre Fauchard, which was published in 1728; it is often referred to as the basis of dentistry (Museum of Health Care, 2020). Pharmacology, or the nature of medicinal remedies, along with the anatomy and physiology of the oral cavity, was the subject matter that he explored extensively. In addition, he laid the foundations for various treatment methods. After that, the achievement of an ideal dental technology, such as porcelain teeth and the start of the use of nitrous oxide an-

esthesia, empowered dentistry even more. Dentistry began to spread in mid-eighteenth-century Canada when European dentists came to this new dominion and settlers apprenticed with them. The profession aimed to fight against abusive practices by banishing quackery and implementing professional associations and legislation to regulate the practice. They set off a trend of changes in dental education, which finally ended with the establishment of dental colleges and associations in the 19th century. This laid the foundation for the specialization and modernization in dentistry that took place throughout the 20th century.

European dental care is generally in constant development, and the milestones related to patient care throughout history keep evolving. The history of oral health can be traced as far back as 3700 BC, as papyrus from Ancient Egypt mentions dental pain and oral disease (Dental

Solutions, 2018). This shows that early people took measures to alleviate these two conditions. It is also evident from ancient Egyptian toothpaste and toothbrushes that used natural ingredients like mint and pepper grains around this particular time until 400 A.D., more specifically 500 BC to 400 AD, that attempts were made at oral hygiene (Dental Solutions, 2018). However, dentistry as a medical field only came into existence in the 19th century with the implementation of injections for oral operations and the opening of the first dental offices. The most remarkable personality in the history of dental medicine was Pierre Fauchard, who published the first modern book on dentistry, "The Surgeon Dentist," in 1728, and he has since ignited the profession. He made metal dental instruments with gold, silver, and copper alloys during the 17th century. He also studied dentistry education programs and contributed to shaping the future of dental care in Europe and beyond.

### **Understanding Patient-Centered Care**

Patient-centered care is defined as a holistic approach to healthcare wherein the patient at the center is treated with respect, and his/her choices, preferences, and needs are emphasized (Sharma et al., 2023). It essentially comprises empowering patients by involving them in decision-making, treating them with respect and care, and all of this is done with the utmost dignity while simultaneously accommodating their cultural values and freedoms. Picker's Eight Principles of Patient-Centered Care elaborate on the underlying aspects of this approach, and they include honoring patients' values and preferences, helping to coordinate and integrate care, sharing information and education, assuring physical comfort, providing emotional support, inviting the participation of family and friends, cooperation in the transition of care, and ensuring access to care (O'Neill, 2023). These principles are based on evidence, and they intend to tackle issues related to the provision of services by improving healthcare delivery in multiple ways.

Patient-oriented dentistry flourishes on the following attendant factors: the personalization of care services and the consideration of the needs and preferences of patients. Practical communication and listening, which are active, are essential as they help dentists understand

and deal with patients (Seminars, 2023). Patient-centered treatment strategies and mutual decision-making improve treatment plans and make it possible to develop solutions targeting a unique patient's specific requirements to achieve their goals (Seminars, 2023). Teaching patients about their health state and providing oral care guidance gives them the power to decide about their oral health (Gustafsson et al., 2021, p. 1). Building trust and solid patient-dentist relationships are crucial to having a pleasant environment and engaging dental patients. Therefore, the last benefit that orthodontics can bring to dental offices is a higher level of patient care due to the integration of comprehensive services in one location. This makes the life of patients both more convenient and more satisfactory.

Adopting a patient-centered approach in healthcare offers several benefits for patients and care providers. Patients are made to feel more triumphant in the circle of support, which creates an open way to communicate using technology; this further empowers patients to participate more effectively with their healthcare providers (Sibal, 2023). On the one hand, health plans and treatments will be adjusted based on the personalized requirements and preferences of the patients (Sibal, 2023). This, in turn, will improve the quality of care, which is intended to meet each patient's requirements in return. Enabling patients is a fundamental aspect in decision-making for their health (Kuusmanen et al., 2021). It gives them the power to be independent and satisfies them with a better relationship with the healthcare system. The long-term health results will likely be better if we solve the demand for healthcare prevention instead of only curing illnesses. Consequently, the burden on the medical system will be reduced by the need for less urgent treatment.

### **Integration of Objective Data in Patient Care**

Objective data plays a crucial role in dentistry by providing valuable information for patient assessment and treatment planning. Accurate data refers to the characteristics of a patient that can be measured and recorded, such as vital signs, the intake and outtake of different substances by the patient, and measurements of height and weight (Toney-Butler, 2023). The



dentistry practice often employs objective data measured through radiographs, intraoral images, and looking closely at the teeth, the gums, and oral tissues (Toney-Butler, 2023). These are so critical in the dental diagnosis of oral health issues, the establishment of unique treatment plans, and when monitoring the effectiveness of the results. The collection of objective data during patient care is of utmost importance as it provides a total objective and evidence-based approach to dental treatment (Phonsuda et al., 2022, p. 101660). As a result, treatment outcomes and patient satisfaction improve. By objectively incorporating data into the assessment process, dentists can genuinely identify the oral health conditions, plan and organize the treatment plans for every individual, and check the progress of the interventions.

The integration of objective data into treatment strategies offers several advantages in patient care. The collected data offers a more complete and optimal perception of a patient's oral health status, thus allowing the dentist to form decisions based on evidence and adjust treatment plans to the patient's needs (Reissmann, 2021, p. 233). It aids the medical workers in monitoring disease development, assessing the therapeutic results, and detecting any complications or complicity occurrences. On the other hand, the application of objective data strengthens communication among dental professionals and subsequently improves patient comprehension and participation in their care (Lorié et al., 2021, p. 1581). A number of challenges and limitations are faced, such as the high cost of diagnostic tools, differences in data interpretation between specialists, and the necessity for constant training when handling objective data. However, despite these hurdles, the value of incorporating evidence-based data into treatment programs outweighs the downsides when it comes to bringing about better patient outcomes and care quality.

### **Comprehensive Treatment Strategies**

Comprehensive dental treatment planning in terms of best patient treatment has to be the most critical aspect of quality healthcare provision (Martin & Mulligan, 2022, p. 26). It includes a comprehensive oral health exam of the patient, where the medical expert needs to examine the

presence of existing dental problems, risk factors, and patient preferences. Instead of limited options, holistic approaches enable dentists to develop a comprehensive care plan that not only focuses on the current dental concerns, but the whole mouth health of the patient. Over the lifetime of the patient, this can save them money because this kind of approach first focuses on the interventions that are the most useful to the patient, which helps to ensure that the most urgent issues are addressed while ensuring the overall well-being of the patient. Comprehensive treatment plans help establish unanimous communication among dental team members who participate in providing the patient's care program, forming a unified and practical approach to the treatment.

Treatment plans in the dentistry field embrace several integral elements covering all sides of one's well-being to, generally speaking, guarantee the quality of medical care. Thus, it should begin with a wide-ranging examination of the patient's dental health, including subjective and objective data acquisition. The assessment evaluation is a method of determining what issues the patient has and what treatment goals he/she would like to achieve (Moore, 2023). In making a diagnosis, clinical judgment is employed in combination with the assessment conclusion, which aids in mapping out the patient care plan. Setting SMART goals, specific, measurable, attainable, realistic, and timely, are an integral part of planning (Ogbeiwi, 2021, p. 324). Implementation refers to the act of carrying out the nursing procedure outlined in the current care plan. At the same time, evaluation measures whether the desired results are attained or the care plan needs revision by utilizing newly collected assessment data. Ultimately, a comprehensive treatment plan in dentistry focuses on rendering personalized care that corresponds to the specific patient needs, and it involves advancing patient outcomes in general as well as the quality of provided care.

### **Future Directions and Recommendations**

Trends in patient-oriented care, which have a lot in common with European dentistry, and data integration in healthcare delivery are shaping the future of oral healthcare delivery. A prevalent theme is the growing role of personalized

treatment plans with patient-doctor decisions, which means that dental care is customized to unique patient needs and wants (Larsen et al., 2022, p. 328). This approach is a bid both to ensure patient satisfaction and increase treatment outcomes. Another trend is the use of technology to facilitate patient-professional communication and collaboration. Telehealth services, remote patient monitoring, and digital platforms enable patients to access care conveniently, and they are also able to play a role in their care. On the other hand, public attention has moved to preventative care and condition maintenance as the focus shifts from oral problems to the level of severity (Giacaman et al., 2022). To take patient-centered care and data integration in European dentistry to the next level, future studies should look into and evaluate if these approaches have a positive effect on patient outcomes and if they are also able to reduce healthcare disparities. The research and development of such technology, as well as data analysis, will also be of great importance in improving the efficiency and effectiveness of dental treatments. In short, these trends and research areas, as well as those described above, will turn European dentistry on its head by introducing more patient-focused, thoroughly planned, and functional oral healthcare systems.

## Conclusion

The progress of dentistry in Europe has been full of momentous points, from the Indus Valley Civilization in its early practices by bead artisans and the establishment of professional dental care by Pierre Fauchard to the developments of dental technology in the nineteenth and twentieth centuries. Based on my own experience, the concept of physician-oriented treatment has been shifting over time to becoming a priority. From what has been perceived as a largely provider-centered approach, there has been a shift toward patient-centered care, where the provider values and addresses the patient's needs, desires, and preferences, among others. The implementation of data from objective outcomes in patients' treatments, where personalized treatment plans, shared decision-making, and preventive methods are now utilized, is carried out to further increase dental service provision (Schwendicke & Krois, 2022, p. 21). Going ahead, dentistry in Europe has an undeniably optimistic

attitude, with a recurring tendency to focus on patient care and data integration. Through the implementation of these principles and by utilizing technology and innovative solutions, dentistry in Europe will continue to improve the quality of comprehensive dental care for all patients by providing practical evaluations of patients.

## References

1. DENTAL SOLUTIONS (2018) *Throwback: The biggest milestones in the history of dentistry*. <https://blog.edentalsolutions.com/the-biggest-milestones-in-the-history-of-dentistry>.
2. DRKUMO (2023) *Improving Patient Outcomes with Remote Patient Management: The Importance of Tracking Objective and Subjective Data*. <https://drkumo.com/importance-of-tracking-objective-and-subjective-data/>.
3. GIACAMAN R A, FERNANDEZ C E, MUNOZ-SANDOVAL C, LEON S, GARCIA-MANRIQUEZ N, ECHEVERRIA C, VALDES S, CASTRO R J, GAMBETTA-TESSINI K (2022) I am understanding dental caries as a non-communicable and behavioral disease: Management implications. *Frontiers in Oral Health*, 3, p.764479.
4. GUSTAFSSON A, SKOGSBERG J, REJNO A (2021) Oral health plays second fiddle in palliative care: an interview study with registered nurses in home healthcare. *BMC palliative care*, 20, pp.1-11.
5. KRISTENSEN C B, ASIMAKOPOULOU K, SCAMBLER S (2023) 'Enhancing patient-centered care in dentistry: a narrative review,' *British Medical Bulletin*, 148(1), pp. 79–88. <https://doi.org/10.1093/bmb/ldad026>.
6. KUOSMANEM L, HUPLI M, AHTILUOTO S, HAAVISTO E (2021) Patient participation in shared decision-making in palliative care—an integrative review. *Journal of Clinical Nursing*, 30(23-24), pp.3415-3428.
7. LARSEN M, HOLDE G E, JOHNSEN J A K (2022) Challenging encounters in clinical dentistry: a qualitative study investigating online reviews of patient satisfaction with Norwegian dentists. *Acta Odontologica Scandinavica*, 80(5), pp.328-337.
8. LORIE E S, WILLEM-JAN W W, VAN-

- VEENDAAL N R, VAN KEMPEN A A, LABRIE N H (2021) Parents' needs and perceived gaps in communication with health-care professionals in the neonatal (intensive) care unit: A qualitative interview study. *Patient education and counseling*, 104(7), pp.1518-1525.
9. MARTIN N, MULLIGAN S (2022) Environmental sustainability through good-quality oral healthcare. *international dental journal*, 72(1), p.26.
10. MOORE C (2023) *What is a treatment plan? 10 examples and software systems*. <https://quenza.com/blog/treatment-plans/#:~:text=Key%20Elements&text=Progress%2C%20time%20frame%2C%20and%20outcomes,details%2C%20such%20as%20session%20length>.
11. MUSEUM OF HEALTH CARE (2020) *The evolution of dentistry*. <https://museumofhealthcare.blog/the-evolution-of-dentistry/>.
12. O'NEIL N (2023) *The Eight Principles of Patient-Centered Care - OneView Healthcare*. <https://www.oneviewhealthcare.com/blog/the-eight-principles-of-patient-centered-care/>.
13. OGBEIWI O (2021) General concepts of goals and goal-setting in healthcare: A narrative review. *Journal of Management & Organization*, 27(2), pp.324-341.
14. PHONSUDA CHANTHAVISOUK RDH, M D T, PATTANAIK S, WARREN C E, BRICKLE C, SELF K (2022) Dental therapy and dental patient-reported outcomes (dPROs). *Journal of Evidence-Based Dental Practice*, 22(1), p.101660.
15. REISMANN D R (2021) Methodological considerations when measuring oral health-related quality of life. *Journal of oral rehabilitation*, 48(3), pp.233-245.
16. SCHWENDICKE F, KROIS, J (2022) Data dentistry: how data are changing clinical care and research. *Journal of dental research*, 101(1), pp.21-29.
17. SEMINARS S O (2023) *5 Key Elements of Patient-Centric Dentistry | Synergy Orthodontic Seminars*. <https://synergyorthodonticseminars.com/5-key-elements-of-patient-centric-dentistry/>.
18. SHARMA D, SINGH AUJLA G, BAJAJ R (2023) Evolution from ancient medication to human-centered Healthcare 4.0: A review on health care recommender systems. *International Journal of Communication Systems*, 36(12), p.e4058.
19. SIBAL R (2023) *The importance of adopting a patient-centered approach in healthcare*. <https://www.linkedin.com/pulse/importance-adopting-patient-centered-approach-healthcare-rajeev-sibal/>.
20. TONEY-BUTLER T J (2023) *Nursing process*. <https://www.ncbi.nlm.nih.gov/books/NBK499937/#:~:text=Objective%20data%20is%20measurable%2C%20tangible,be%20direct%20relation%20family%20members>.

# Exploring psychosocial Dynamics

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## Abstract:

The importance of psychosocial processes in mental well-being warrants emphasizing. Time and again, psychological and social factors have been proven to be highly important in determining a person's mental health (Elkefi et al., 2023, p.105065). Psychosocial dynamics have a vast scope, covering a lot of factors, such as stress, social support, coping strategies, interpersonal ties, socioeconomic situations, and societal aspects. Understanding how these dynamics unfold can be instrumental when it comes to the enhancement of subjective wellness.

Acknowledgement of the significance of psychosocial variables does not necessarily eliminate the existing difference in understanding regarding the impact of lifestyle elements on mental health. Lifestyle factors cover individuals' daily behaviors and choices, including diet, exercise routine, sleeping pattern, social life, and work–life balance (Pluut and Wonders, 2020). Literature has investigated the effect of these elements

on physical health, but recently researchers have also begun to notice the role these factors play in mental health. Nonetheless, there is still a requirement for detailed investigation to assess the interactive relationship that exists between lifestyle backgrounds and mental health.

This paper aims to bridge this gap by examining the interconnection between lifestyle-related components and mental well-being in the European setting. The European context offers a unique situation with various cultures, socioeconomic standards, healthcare systems, and lifestyles. By focusing on Europe, we try to attain more profound knowledge of how different lifestyle factors affect mental health within our cultural and social context. Moreover, looking at this issue from a European perspective presents an opportunity to understand how cultural differences affect the links between lifestyle factors and mental health. It can thus guide the interventions and policies that are more suitable for promoting mental health in European populations.

## Theoretical Framework

Psychosocial well-being entails a broad spectrum of emotional, psychological, social, and group elements about individuals and societies. This notion lies at the heart of the definition of mental health, as it brings forward the interaction between individuals' psychological states and social spheres. The term "quality of life" conveys the same message as psychosocial well-being; however, using it in research requires a more specific definition than regular words (Eiroá-Orosa, 2020). Over the last few decades, we have seen a shift in attention to focus more on psychological well-being within mental health paradigms such as positive psychology, which enhances happiness and flourishing. Nevertheless, there is also debate around the Eurocentric and Western-centric underpinnings of these approaches to research methods, citing the danger that the surrounding context might be missed out on and that the research might reinforce existing social structures (Eiroá-Orosa, 2020). The demand for disciplinary reconciliation and contextualization in the psychology of social well-being points out the complexity of social situations and the necessity for complex approaches involving individual experiences with broader sociocultural processes.

Established theories and models are fundamental to knowing the complex linkage between lifestyle and mental health dimensions. The biopsychosocial model of health and the health

promotion model are the theoretical backbones of this study, providing the impetus to focus on the interdisciplinary features of biology and psychology, as well as social factors, in controlling the health of individuals. The biopsychosocial model focuses on how modifiable behavioral factors, for example, meals, exercise, and sleep, that affect mental health outcomes are interconnected (Wang et al., 2023). This model considers the cognitive, biological, and sociological determinants, and the resulting information on mental well-being is complex. Hence, lifestyle factors should also be considered in mental health promotion. Remarkably, the health promotion model explains health outcomes from people's perceptions, motivations, and behaviors affecting psychology and behavior (Wang et al., 2023). The theories form a firm foundation for the study of the intricate links between lifestyle, mental health, and well-being, which can offer direction to policy and programs that are favorable to the public.

Psychological health outcomes are believed to be determined by lifestyle decisions as per the European perspective. Mental health, the opposite of mental illness, is considered one of the vital components of health, as it includes the presence of positive emotional and psychological well-being. The determinants of mental health outcomes are lifestyle factors comprising body mass index (BMI), physical and mental activities, alcohol, cigarettes, dietary patterns, and

social rhythm regularity (Velten et al., 2018). For instance, keeping a healthy weight, carrying out physical and cognitive activities regularly, abstaining from smoking, drinking alcohol in moderation, and keeping an established social rhythm are positively related to mental health. In contrast, the opposite is true for mental illness. Lifestyle factors are co-related with culture, history, and social contexts, and they construct individuals' behaviors and choices (Velten et al., 2018). Studies show that living habits not only determine the presence of mental well-being, they also provide a look into the future mental health states of an individual. As a result, healthy lifestyle behaviors have been brought in to support positive mental health and to prevent cognitive diseases in European countries.

### **Lifestyle Factors Influencing Mental Well-being**

Fundamental lifestyle issues, such as physical activity and exercise, nutrition, and dietary traditions, affect our mental health significantly (Zavitsanou and Drigas, 2021 p.67). Regular physical activity has long been known to be related to better mood, a lower incidence of depression and anxiety symptoms, and improved mental health on the whole. Exercise triggers the release of endorphins, which are neurotransmitters that feature analgesics and antidepressants, and they cause sensations of happiness and relaxation. Furthermore, physical activity also encourages good sleep quality, which helps mental health. On the other hand, the body's nutrition and dietary behavior are of great significance, as they are the input and the output of brain function and the emotion regulatory process. The consumption of a balanced diet packed with essential nutrients, for instance, omega-3 fatty acids, vitamins, and minerals, is associated with improved mental outcomes (Awuchi et al., 2020 p. 2). On the other hand, a bad diet, including a high consumption level of processed food with high sugar and unhealthy fats has been linked to an increased risk of depression and anxiety.

Sleeping patterns and sleep quality, as well as social habitats and surroundings, are the foundations of a lifestyle that promotes sanity. An equal amount of adequate sleep is necessary for cognitive functioning, emotional regulation, and mental well-being (Mehta, 2022 p. 5). Mal-

adaptive sleep rhythms or a shortage of sleep can provoke fear/anxiety, cause thinking difficulties, and intensify stress. Establishing and promoting good sleep hygiene habits, including keeping a regular sleep routine and setting up a comfortable sleeping space, are essential in facilitating mental health. Moreover, social interactions and support networks are potent factors in insulating against stress, as they provide emotional support and create a sense of belonging and connectivity within a group. Meaningful relationships have been linked to lower rates of depression, anxiety, and feeling lonely, indicating the need to develop and maintain social relationships to attain a positive mental state.

Work-life balance, work stress, leisure activities, and hobbies are critical for employees' mental health (Kelly et al., 2020, p. 449). The balance between workplace roles and personal lives must be maintained for stress reduction, the prevention of burnout, and mental health promotion. Extensive occupational stresses like heavy workloads, job insecurity, and the absence of initiative can cause mental health problems. Hence, measures to control job-related stress and emphasize self-care are crucial to sustaining mental wellness in the workplace. In addition to these, spare time activities and hobbies create time for relaxation, pleasure, and expression, and these are vital ingredients for alleviating stress and improving emotional wellness. Involvement in joyful and rewarding activities can increase resiliency against the damaging aspects of stress and foster a feeling of purpose and contentment in life (Aboradman and Kundi, 2023). Therefore, collectively, these lifestyle factors coalesce into an adverse impact on mental health, which illustrates the significance of applying a holistic model in health promotion and mental illness prevention.

### **Methodology**

A physical therapist researching the influence of online learning on gaining skills for injury assessment, Hong, intends to use qualitative and quantitative approaches in his research (Wilson et al., 2021). For the quantitative part, Hong aims to compare past and current student test scores, which fall under a qualitative research design. More precisely, he will probably use a descriptive design to look at the features of the test scores over time and identify any changes insti-

gated by the transition to online learning. This method will give objective and measurable data that can be generalized to other student populations. In addition, for the qualitative portion, Hong intends to sit down with current students and ask them about their practice of injury assessment skills through the medium/platform of the Internet (Wilson et al., 2021). The qualitative approach used in this study is associated with phenomenological design, which focuses on knowing and describing the student's experience as they adapt to online learning for injury assessment. Using quantitative and qualitative paradigms, Hong will obtain a complete picture of online learning's effect on students' skill learning based on statistical data and personal opinions.

In research, using suitable data collection methods is paramount to guaranteeing the reliability and validity of the obtained information. There are three commonly used methods of data collection: surveys, interviews, and observational studies (Indeed Editorial Team, 2023). Surveys consist of responses, written questions, and multiple-choice questions to get information from people who are supposed to determine the information. Mostly, this is done on the Internet, with minimal interaction between the respondents and the researchers. An example is a car rental company using surveys to measure customer perception and loyalty. Interviews, however, create more personal interactions between researchers and participants, enabling in-depth conversations about a topic. The interviews can be conducted face-to-face with questions shared beforehand to help participants feel comfortable. As an example, an instructional series on knitting may perform interviews to find out the concerns of probable customers. Observational studies are oriented to examining subjects and collecting data about them, which can be done without the researcher interacting with the subjects (Mezmir, 2020, p. 15). For instance, a store that sells toys for children might research the toys babies prefer. Every method has its strengths and shortcomings. The choice depends on the research objectives and the type of information required.

## Empirical Findings

Recent empirical findings concerning the effects of lifestyle factors on mental well-being in

European populations present some points worth acknowledging (Das et al., 2020, p. 6). Research has shown that physical activity and exercise contribute considerably to examining subjects and collecting data about them, which can be done without the researcher interacting with the subjects (Mezmir, 2020, p. 15). When it comes to mental health, exercise is associated with reduced levels of stress, anxiety, and depression. Additionally, adequate nutrition and dietary patterns are also influential, and diets rich in fruits, vegetables, and omega-3 fatty acids are linked with better mental health outcomes. Additionally, it is established that good sleep is highly vital for mental health, as sleeping less than recommended can lead to depression and reduce a person's cognitive abilities (Scott et al., 2021, p.101556). Social interactions and support systems are just as important, as they provide the buffering effect of social connectedness against the adverse effects of stress. Additionally, they are helpful and encourage general mental health. These findings highlight the need for a comprehensive model of mental well-being that incorporates different facets of lifestyle.

Analyzing trends and patterns derived from empirical literature on how lifestyle characteristics relate to mental well-being among European populations allows for the identification of some main trends. Firstly, there is a rising notion of the interconnectedness of lifestyle factors. In the present scientific work, it has been shown that physical activity, nutrition, sleep, and social interactions exert synergistic effects on mental health. Moreover, the importance of preventive actions and health promotion strategies in providing mental health services is growing, and it calls for a transition from just treatment approaches to promoting positive lifestyle behaviors (Singh, 2022, p.898009). In addition, cultural and contextual aspects that influence individuals' lifestyles and mental health outcomes are increasingly recognized, highlighting the necessity of intervention programs adjusted to European populations.

When comparing findings on the effect of lifestyle factors on the mental well-being of Europeans with findings from other countries and global studies, patterns of similarities and differences are often identifiable. Although there is significant similarity in mental health factors

across different populations, such as exercise, nutrition, sleep and social interaction, differences in the incidence and magnitude of these are seen (Firth et al., 2020, p. 360). This is exemplified by cultural norms and societal values that influence lifestyle behaviors in different regions, leading to diverse mental health outcomes. Also, inequalities in access to resources and healthcare services could be responsible for regional differences in mental health outcomes (Gibson et al., 2021, p. 101). Hence, one can say that although universal principles are related to lifestyle factors and mental health, contextual factors should be considered while interpreting the findings and designing interventions in different populations.

## Discussion

The empirical evidence sheds light on the complicated link between lifestyle domains and mental health in European populations, yielding a fascinating analysis of the complexity of mental health outcome indicators. The study's findings are based on existing literature and well-established theoretical models that highlight the substantial role of lifestyle behaviors in mental health, pointing to a holistic rationale that is social, biological, and psychological. This understanding goes beyond identifying determinants of mental health, and it also highlights the need to consider lifestyle factors in promoting well-being across various European contexts. In terms of the future, policymakers, in conjunction with practitioners, will be able to utilize the presented results to implement specific interventions that will focus on a supporting environment and healthy lifestyle choices, which will lead to the improvement of mental health in Europe. While these indicators are undoubtedly meaningful, one should consider the study's limitations. Firstly, there are selection biases in data collection; and secondly, there is a need for further investigation on the impact of cultural variations and time dimensions to contribute to future research.

## Conclusion

In conclusion, empirical studies on the impact of lifestyle factors on mental well-being in European populations point to the multidimensional aspect of this relationship. Key findings suggest that lifestyle behaviors, including phys-

ical activity, nutrition, sleep patterns, and social interactions, impact mental health results. Additionally, the interdependency of these factors and their combined adverse impacts on mental well-being justify taking a comprehensive approach to mental health promotion (Sharma and Thapa, 2023, p. 75). The need to incorporate lifestyle aspects when promoting mental well-being is central to generating effective interventions and strategies focused on improving the population's mental health. By identifying the role of lifestyle behaviors in influencing mental health outcomes, policymakers, medical practitioners, and individuals can intervene by taking targeted measures focusing on modifiable risk factors and protective factors for mental well-being. The value of focusing on lifestyle changes gives people the ability to partake in self-care for their mental health. It promotes a global comprehension of the value of holistic well-being.

Additionally, the European perspective provides valuable information about psychological processes prone to diverse manifestations in different cultural environments (De Haan, 2020, p. 7). By taking into account the specific socio-cultural components of Europe, researchers and practitioners can better grasp how lifestyle aspects interact with broader social, economic, and ecological determinants of mental health. This point of view expands our comprehension of the dynamic tension between individual behaviors and the firmly rooted social determinants, thus providing evidence for culturally appropriate initiatives that counter mental disorders on a global level.

## References

1. EIROA-OROS F J (2020) Understanding psychosocial well-being in the context of complex and multidimensional problems. *International Journal of Environmental Research and Public Health*, 17(16), 5937. <https://doi.org/10.3390/ijerph17165937>
2. PLUUT H, WONDERS J (2020) Not able to lead a healthy life when needed the most: Dual role of lifestyle behaviors in the association of blurred work-life boundaries with well-being. *Frontiers in psychology*, 11, p.607294.
3. WANG X *et al.* (2023) 'Associations of lifestyle with mental health and well-be-



- ing in Chinese adults: a nationwide study,' *Frontiers in Nutrition*, 10. <https://doi.org/10.3389/fnut.2023.1198796>.
4. VELTEN J *et al.* (2018) 'Lifestyle choices and mental health: a longitudinal survey with German and Chinese students,' *BMC Public Health*, 18(1). <https://doi.org/10.1186/s12889-018-5526-2>.
  5. ZAVITSANOOU A, DRIGAS A (2021) Nutrition in mental and physical health. *Technium Soc. Sci. J.*, 23, p.67.
  6. AWUCHI C G, IGWE V S, AMAGWULA I O (2020) Nutritional diseases and nutrient toxicities: A systematic review of the diets and nutrition for prevention and treatment. *International Journal of Advanced Academic Research*, 6(1), pp.1-46.
  7. KELLY M, SOLES R, GARCIA E, KUNDU I (2020) Job stress, burnout, work-life balance, well-being, and job satisfaction among pathology residents and fellows. *American Journal of Clinical Pathology*, 153(4), pp.449-469.
  8. ABOTAMADAN M, KUNDI Y M (2023) Emotional culture of joy and happiness at work as a facet of wellbeing: a mediation of psychological safety and relational attachment. *Personnel Review*, 52(9), pp.2133-2152.
  9. MEHTA K J (2022) Effect of sleep and mood on academic performance—at the interface of physiology, psychology, and education. *Humanities and Social Sciences Communications*, 9(1), pp.1-13.
  10. WILSON B, JEAN M, CASUCCI T (2021) *Understanding quantitative and qualitative approaches*. <https://accelerate.uofuhealth.utah.edu/improvement/understanding-qualitative-and-quantitative-approac>.
  11. INDEED EDITORIAL TEAM (2023) *6 Methods of Data Collection (With Types and Examples)*. <https://www.indeed.com/career-advice/career-development/methods-of-data-collection>
  12. DAS K V, JONES-HARRELL C, FAN Y, RAMASWAMI A, ORLOVE B, BOTCHWEY N (2020) Understanding subjective well-being: perspectives from psychology and public health. *Public Health Reviews*, 41(1), pp.1-32.
  13. SCOTT A J, WEBB T L, MARTYN-ST JAMES M, ROWSE G, WEISCH S (2021) Improving sleep quality leads to better mental health: A meta-analysis of randomised controlled trials. *Sleep medicine reviews*, 60, p.101556.
  14. SINGH V, KUMAR A, GUPTA S (2022) Mental health prevention and promotion—A narrative review. *Frontiers in Psychiatry*, 13, p.898009.
  15. GIBSON B, SCHNEIDER J, TALAMONTI D, FORSHAW M (2021) The impact of inequality on mental health outcomes during the COVID-19 pandemic: A systematic review. *Canadian Psychology/Psychologie Canadienne*, 62(1), p.101.
  16. FISTH J, SOLMIM, WOOTTON R E, VAN-CAMPFORT D, SCHUCH F B, HOARE E, GILBODY S, TOROUS J, TEASDALE S B, JACKSON S E, SMITH L (2020) A meta-review of “lifestyle psychiatry”: the role of exercise, smoking, diet and sleep in the prevention and treatment of mental disorders. *World psychiatry*, 19(3), pp.360-380.
  17. SHARMA S, THAPA R (2023) Socioeconomic Factors and Their Interaction with Environmental Education and Biodiversity Conservation: Effects on Mental Health and Community Empowerment. *AI, IoT and the Fourth Industrial Revolution Review*, 13(7), pp.75-90.
  18. DE HAAN S (2020) An enactive approach to psychiatry. *Philosophy, Psychiatry, & Psychology*, 27(1), pp.3-25.
  19. MEZMIR E A (2020) Qualitative data analysis: An overview of data reduction, data display, and interpretation. *Research on humanities and social sciences*, 10(21), pp.15-27.
  20. ELKEFI S, TRAPANI D, RYAN S (2023) The role of digital health in supporting cancer patients' mental health and psychological well-being for a better quality of life: a systematic literature review. *International Journal of Medical Informatics*, p.105065.

# Stress in dental practices: A literature Review of potential Effects on patient care

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## Abstract:

Stress in dental practices is a pervasive issue that significantly impacts the well-being of practitioners and the quality of patient care. This literature review explores the multifaceted nature of stress in dental settings, examining its effects on clinical performance, patient satisfaction, and treatment outcomes. Various stress theories relevant to dental practices are discussed, highlighting the importance of understanding stressors and coping mechanisms at individual, organizational, and policy levels. The review identifies key stressors unique to dental professionals, including job demands, workload, and interpersonal relationships, and explores the implications of stress on patient care, including errors in treatment, communication breakdowns, and decreased treatment success.

rates. Strategies for stress management are proposed, ranging from individual-level interventions such as stress management techniques and time management skills training, to organizational-level interventions like promoting supportive work environments and providing resources for stress reduction. Policy-level interventions, including advocacy for work-hour regulations and programs aimed at enhancing well-being patterns among professionals, are also discussed. By addressing stress comprehensively, dental practices can prioritize the welfare of health professionals and create a sustainable profession that promotes contentment and fulfillment.

## Introduction

Dentists are at a high risk of burnout, which can adversely affect patient compliance and cooperation. Dental providers face numerous challenges during their business hours, ranging from managing a high volume of patients and limited time to addressing various clinical issues (Cheuk et al., 2024). Understanding how stress impacts patient care is crucial, as it significantly influences treatment outcomes, patient dissatisfaction, and overall healthcare quality. Dentists confront job- and career-specific risks, which are inherent aspects of their profession. Unlike other healthcare professions, dentistry requires a continuous flow of procedures. The combination of patient anxiety and tight schedules increases stress levels among dentists, hygienists, and other dental personnel. Additionally, the threat of malpractice lawsuits and the burden of extensive paperwork exacerbate burnout in the dental field.

Stress affects not only the physical well-being of dentists but also the quality of patient care. Research indicates that stressed healthcare workers are more likely to make errors, which can negatively impact patient treatment outcomes and increase safety hazards. Moreover, high stress levels can lead to communication issues between healthcare providers and patients, resulting in patient dissatisfaction and negative experiences for both parties.

The primary objective of this literature review is to provide a comprehensive appraisal of existing scientific research on stress in dental practices and its negative influence on the quality of medical treatment (Crichton et al., 2024). This review examines the relationship between stress, clinical performance, and treatment quality, drawing on both conceptual frameworks and

empirical data. The goal is to understand how various factors are interconnected. Additionally, this review aims to identify gaps in the current literature and suggest areas for future research.

## Theoretical Framework

Stress models provide explanations of the psychological and physical reactions to stressors encountered in dentistry (Culmer et al., 2024). Understanding these reactions, along with the challenges faced by healthcare providers and patients, is crucial for grasping the complexity of stress in dental practices.

### Stress Theories Relevant to Dental Practices

**General Adaptation Syndrome (GAS):** Proposed by Hans Selye in the mid-20th century, the General Adaptation Syndrome describes the body's response to stress in three stages: alarm, resistance, and exhaustion. According to this theory, dental professionals often face heightened stress levels during challenging procedures or interactions with difficult patients. Repeated exposure to stressors can lead to a state of exhaustion, characterized by both physical and emotional fatigue, which negatively affects their performance and focus on patient care (Gandolfi et al., 2023).

**Transactional Model of Stress and Coping (TMSC):** Richard Lazarus and Susan Folkman developed the Transactional Model of Stress and Coping, which describes the dynamic process by which individuals appraise and respond to stressors (Ghahramani et al., 2022). According to this model, stress arises from the interaction between external pressures (stressors) and the individual's coping resources. In dentistry, practitioners face various pressures, such as time constraints, complex clinical cases, and chal-

lenging interpersonal relationships. Effective coping strategies, both problem-focused (e.g., seeking support from colleagues) and emotion-focused (e.g., using relaxation techniques), are essential for managing stress and ensuring high-quality patient care.

### **Application of Stress Theories to Dental Professionals**

**Stressors Unique to Dental Practices:** Dentists face unique stressors related to the nature of their work. These include performing precise operations under tight deadlines, managing emotionally distressed or difficult patients, and maintaining high standards of care (Hoffmann et al., 2022). Additional stressors include the fear of litigation and the administrative demands of running a practice.

**Coping Mechanisms Used by Dental Professionals:** Dental professionals employ various coping mechanisms to manage stress and maintain their well-being. Problem-focused strategies, such as seeking support from colleagues and implementing effective time management, aim to address the root causes of stress. Emotion-focused strategies, such as practicing yoga, mindfulness, and seeking emotional support from friends and family, help mitigate negative emotions (Karimbux et al., 2022). Some therapists may also recommend temporary withdrawal from stressful situations as a coping mechanism, though this approach is more about providing short-term relief than solving the underlying issues.

### **Conceptual Framework**

Understanding the definition of stress in dental practices and its direct correlation to patient care requires examining the interconnection of independent and dependent variables (Malcangi et al., 2023). The following conceptual framework highlights the key factors in the relationship between stress among dental professionals and the quality of patient care, identifying independent variables as factors influencing stress levels and dependent variables as those affected by stressors.

## **Independent Variables**

### **Job Demands**

Work-related requirements encompass roles and responsibilities attached to work expectations within a professional dental practice setting. Besides performing complex dental procedures like crowns, dental assistants are also responsible for managing patient schedules, handling administrative tasks, and staying updated with new treatments and technologies (Minervini, Franco, Maria Maddalena Marrapodi, Crimi, et al., 2023). High job demands have been shown to increase stress levels among dental professionals. In such high-demand situations, they may experience fatigue and confusion due to the extensive nature and complexity of their tasks.

### **Workload**

Workload refers to the amount and intensity of work that dental healthcare professionals must manage within a finite period. This includes dealing with patient volume, emergency cases, appointment scheduling, and administrative duties (Minervini, Franco, Marrapodi, et al., 2023). Long-term excessive workloads can lead to pressure, fatigue, and potential burnout among dental practitioners, thereby increasing their stress levels and potentially compromising the quality of patient care.

### **Interpersonal Relationships with Colleagues and Patients**

Interpersonal relationships significantly shape the work environment in dental practices (Minervini et al., 2024). Positive, long-term relationships with co-workers foster effective teamwork, mutual assistance, and friendship, which can prevent high stress levels and increase job satisfaction. Conversely, hostile relationships can create a stressful environment. Similarly, interactions with patients, including communication skills, empathy, and rapport, if not managed well, can affect both worker stress and patient care outcomes.

## Dependent Variables

### Quality of Patient Care

The quality of patient care in dental clinics can be measured in various ways, including meeting patient needs and expectations and adhering to clinical standards (Nansi López-Valverde et al., 2024). Key aspects of patient care include clinical competence, treatment outcomes, patient satisfaction, and safety. Research indicates that elevated occupational stress among dental professionals can deteriorate the quality of clinical practice. Stress may impair a healthcare provider's efficiency in processing ideas, performing hand skills, and making decisions, leading to mistakes, compromised treatment results, and reduced patient safety. Additionally, a dentist's empathy may diminish, communication may become less effective, and patient satisfaction may decline, disrupting the clinical practice environment.

### Effects of Stress on Patient Care

#### Impact of Stress on Clinical Performance

**Errors and Accidents in Treatment:** Geriatric patients often exhibit low resilience to stress, which can lead to forgetfulness, reduced agility, and slower reflexes and cognitive functions, increasing the likelihood of complications during dental procedures. Chronic stress experienced by a dentist can compromise workplace accuracy, making errors in medication administration more common and escalating safety risks (Poirier et al., 2022). For instance, a stressed dentist might inadvertently administer the wrong dosage of anesthetic or fail to diagnose critical conditions, leading to negative treatment outcomes.

**Decreased Attention to Detail:** Stress can impair practitioners' ability to maintain focus on details during patient care tasks (Qamar et al., 2023). Dentists and hygienists under stress may deviate from standard protocols, overlook vital symptoms reported by patients, or miss important details during examinations, affecting the accuracy and consistency of diagnoses and treatment plans. This lack of thoroughness can result in incomplete diagnoses, inefficient treatments, and prolonged recovery periods for patients.

### Influence of Stress on Patient Satisfaction and Experience

**Communication Breakdowns:** Stress can hinder effective communication between dentists and their patients, leading to misinterpretations and misunderstandings. A highly stressed dentist may struggle to elicit information, communicate empathetically, or respond promptly to patients' concerns and questions. Consequently, patients may feel frustrated, worried, or dissatisfied with the communication during their dental appointments, which can negatively impact their overall experience and treatment outcomes.

**Perception of Care Quality:** High stress levels in a dental environment can lead patients to form negative opinions about the quality of care they receive. Dental staff under stress might display irritability, impatience, or disengagement, characteristics commonly associated with burnout (Sultan Ainoosah et al., 2024). Patients may perceive these behaviors as a lack of professionalism, empathy, and competence, prompting them to change their dentist, question the credibility of their dental care providers, and lose trust, confidence, and loyalty to the dental practice.

### Relationship Between Stress and Clinical Outcomes

**Effect on Treatment Success Rates:** Stress can lower the efficiency of and lead to failures in the treatment of more complex and invasive dental procedures. Research indicates that doctors working in highly stressful environments are more prone to making mistakes during procedures, experiencing treatment failures, and facing postoperative complications that compromise treatment outcomes and reduce patient satisfaction (Wolf et al., 2024). For example, a dentist under significant stress may struggle to achieve high clinical outcomes during restorative or surgical operations, which may require additional interventions or revisions.

**Patient Adherence to Treatment Plans:** The stress experienced by dental professionals can also impact patient compliance with prescribed therapies and advice. Patients may perceive a highly stressed practitioner as untrustworthy, lacking adequate and applicable knowledge, and unable to provide proper care. This perception can lead to mistrust or reluctance to follow the

treatment or prevention regimen. Consequently, a breach in the treatment plan can undermine the achievement of health goals, exacerbate oral health complications, and negatively affect the patient's overall health status.

## Factors Contributing to Stress in Dental Practices

### Occupational Stressors

**Time Pressures and Workload:** Dental professionals often deal with constant time pressures and high patient-to-dentist ratios, leading to the feeling that they must dedicate excessive time to work. Practitioners manage more than just patient care; they also handle administrative duties and continuous education requirements, which can lead to overload and stress (Yan et al., 2023). Time limitations can potentially reduce the quality of care provided to patients, as dentists may rush or feel unable to focus on all aspects of patient care.

**Patient Expectations and Demands:** Meeting patient demands and addressing their varied needs and preferences is a significant challenge for dental professionals. Patients exhibit different levels of dental anxiety, treatment preferences, and interaction styles, requiring dental providers to adapt their approaches accordingly. Ensuring that patient expectations are managed while delivering high-quality care is difficult, particularly when dealing with demanding or dissatisfied patients.

**Fear of Malpractice or Litigation:** The dental industry is highly regulated, and the risk of being sued or facing other legal consequences is substantial (Younis et al., 2024). Even highly skilled health professionals can experience professional fatigue when confronting the fear of mistakes, lawsuits, or accusations of negligence. This fear can increase stress and anxiety, impacting clinical decision-making. Practitioners may adopt defensive approaches to mitigate insurance risks, which can jeopardize patient care quality by prioritizing legal protection over optimal treatment.

### Organizational Factors

**Practice Management Issues:** Problems with leadership systems, inadequate resources, and ineffective company processes can be sig-

nificant stress factors for dental workers. Poorly managed procedures can lead to scheduling conflicts, supply shortages, and administrative errors, disrupting workflows and affecting practitioners' compensation, thereby increasing their frustration. Effective workflow management, staff optimization, and stress-free operations are crucial for minimizing these issues in dental practices.

**Lack of Support from Colleagues or Superiors:** A lack of recognition and support from peers or superiors can evoke feelings of isolation, anger, and stress among dental professionals. When personnel feel unsupported, they may struggle to manage work-related stress and experience conflicts or arguments. Building a supportive work environment where colleagues offer assistance and encouragement is essential for the well-being of dental teams.

### Personal Factors

**Burnout and Fatigue:** Burnout, characterized by emotional exhaustion, depersonalization, and reduced personal accomplishment, is a common issue among dental professionals. Chronic exposure to stressors can lead to burnout, physical and emotional fatigue, decreased job satisfaction, and a disconnection from patients. Burnout not only affects the well-being of dental practitioners but also impacts the quality of patient care and overall practice productivity.

**Coping Strategies and Resilience:** Individuals have varying capacities and methods for coping with stressors, which can influence how dental staff respond to and manage these challenges (Zainab Alimoradi et al., 2024). Effective coping strategies, such as seeking support from friends, practicing mindfulness, or maintaining a healthy lifestyle, can help individuals overcome stressful situations and build psychological resilience. The demanding nature of a dental career requires adopting resilience through self-care practices, professional development, and supportive relationships for long-term well-being.

## Strategies for Stress Management

### Individual-Level Interventions

**Stress Management Techniques:** Equipping dental practitioners with stress manage-

ment tools is crucial for helping them navigate the demands of their profession (Zisopoulou and Varvogli, 2022). Techniques such as deep breathing, progressive relaxation, and mindfulness meditation can effectively reduce physiological arousal and promote relaxation, enabling practitioners to cope with stress reactions and maintain calmness.

**Time Management Skills Training:** Effective time management is essential for minimizing stress and achieving a healthy work-life balance. Providing dental professionals with training or workshops on time management strategies, such as prioritization, delegation, and task structuring, can help them manage their workload more efficiently and prevent burnout.

## Organizational-Level Interventions

**Implementing Supportive Work Environments:** Creating a supportive work environment fosters peace of mind and sustainable energy among dental professionals. Practices that promote communication based on empathy, mutual respect, and teamwork contribute to a sense of belonging and unity among staff members. Encouraging social ties and providing opportunities for peer support can reduce stress levels and promote a calming atmosphere.

**Providing Resources for Stress Reduction:** Dental practices can support stress reduction by offering resources such as counseling services, employee assistance programs, and mental health resources. Providing access to confidential support and advice services can help practitioners manage stress effectively. Additionally, offering educational materials and training sessions on stress management, resilience building, and self-care equips practitioners with valuable skills to address job-related stressors.

## Policy-Level Interventions

**Advocacy for Work-Hour Regulations:** Excessive workloads among dental practitioners often stem from a lack of proper work hour restrictions and scheduling policies, contributing to job burnout. Advocating for work hour regulation and scheduling policies can help prevent burnout among dental professionals. Implementing realistic work hour limits, mandatory rest periods, and a structured calendar can normalize schedules and balance work and person-

al life, reducing energy depletion, burnout, and chronic stress. Collaboration between regulatory and professional organizations is essential to establish work hour standards that prioritize employee safety while ensuring the provision of high-quality care.

**Promoting a Culture of Well-Being within the Profession:** Creating a culture of health and well-being in dentistry begins with educating students and the public about psychological issues and advocating for the care of dental professionals. Strategies may include implementing wellness programs, peer support systems, and continuing education on stress management, self-care, and mental health. Dentists' self-awareness, destigmatization of seeking help, and resilience-building efforts can contribute to a sustainable and enjoyable career in dentistry.

## Conclusion

Stress management in dental practices requires a comprehensive approach, addressing individual, organizational, and policy-level factors that impact practitioners' well-being. Individual-level interventions, such as stress management techniques and performance-improvement skills training, can equip dental specialists with tools to navigate the challenges of their career without succumbing to excessive pressure. By incorporating relaxation exercises and time management methods into their routines, students can access effective strategies to combat stress and maintain emotional balance. Organizational-level interventions play a crucial role in fostering teamwork, communication skills, and support among dental teams. Implementing measures to strengthen positive social relationships and offering stress reduction resources like counseling services and educational workshops can significantly reduce workplace stress among practitioners and enhance their psychological well-being. At the policy level, it is imperative to establish work hour regulations and programs that prioritize the health and well-being of dental professionals. Initiatives aimed at enhancing mental health, resilience, and well-being patterns among professionals are essential to safeguard their health and ensure optimal patient treatment. Additionally, continuous evaluation and refinement of these interventions are necessary

to ensure their effectiveness and alignment with the evolving needs of the dental community.

By implementing realistic work hour limits, mandatory rest breaks, and proactive mental health initiatives, dental services can prioritize the welfare of health professionals, creating a sustainable profession that promotes contentment and fulfillment.

## References

1. CHEUK C et al. (2024) Well-being of undergraduate dental students: Questionnaire design, findings and future directions. *European journal of dental education*. Available from <https://doi.org/10.1111/eje.13003> [Accessed 11 April 2024].
2. CROCHTON M et al. (2024). Does medicinal cannabis affect depression, anxiety, and stress in people with cancer? A systematic review and meta-analysis of intervention studies. *Maturitas*, 184, 107941. Available from <https://doi.org/10.1016/j.maturitas.2024.107941> [Accessed 3 March 2024].
3. CULMER N P et al. (2024) Mental health screening and referral to treatment in dental practices: A scoping review. *Journal of dental education (Print)*. Available from <https://doi.org/10.1002/jdd.13444> [Accessed 11 April 2024].
4. GANDOLFI M G et al. (2023) Āsana for Neck, Shoulders, and Wrists to Prevent Musculoskeletal Disorders among Dental Professionals: In-Office Yōga Protocol. *Journal of Functional Morphology and Kinesiology*, 8 (1), 26. Available from <https://doi.org/10.3390/jfmk8010026>.
5. GHAHRAMANI S et al. (2022) Health care workers' mental health in the face of COVID-19: a systematic review and meta-analysis. *International Journal of Psychiatry in Clinical Practice*, 1–10. Available from <https://doi.org/10.1080/13651501.2022.2101927>.
6. HOFFMANN B et al. (2022) Management strategies for adult patients with dental anxiety in the dental clinic: a systematic review. *Australian Dental Journal*, 67 (1). Available from <https://doi.org/10.1111/adj.12926>.
7. KARIMBUX N et al. (2022) Measuring Patient Experience of Oral Health Care: A Call to Action. *Journal of Evidence-Based Dental Practice*, 101788. Available from <https://doi.org/10.1016/j.jebdp.2022.101788>.
8. MALCANGI G et al. (2023) Precision Medicine in Oral Health and Diseases: A Systematic Review. *Journal of Personalized Medicine*, 13 (5), 725. Available from <https://doi.org/10.3390/jpm13050725> [Accessed 8 May 2023].
9. MINERVINI G et al. (2023) Correlation between Temporomandibular Disorders (TMD) and Posture Evaluated through the Diagnostic Criteria for Temporomandibular Disorders (DC/TMD): A Systematic Review with Meta-Analysis. 12 (7), 2652–2652. Available from <https://doi.org/10.3390/jcm12072652>.
10. MINERVINI G et al. (2023) The Association between COVID-19 Related Anxiety, Stress, Depression, Temporomandibular Disorders, and Headaches from Childhood to Adulthood: A Systematic Review. *Brain Sciences*, 13 (3), 481. Available from <https://doi.org/10.3390/brainsci13030481>.
11. MINERVINI G et al. (2024) The effectiveness of chitosan as a hemostatic in dentistry in patients with antiplatelet/anticoagulant therapy: systematic review with meta-analysis. *BMC Oral Health*, 24 (1). Available from <https://doi.org/10.1186/s12903-023-03568-w> [Accessed 14 March 2024].
12. LOPEZ-VALVERD N et al. (2024) Efficacy of music therapy on stress and anxiety prior to dental treatment: a systematic review and meta-analysis of randomized clinical trials. *Frontiers in psychiatry*, 15. Available from <https://doi.org/10.3389/fpsy.2024.1352817> [Accessed 11 April 2024].
13. POIRIER B. et al. (2022) Building an understanding of Indigenous Health Workers' role in oral health: A qualitative systematic review. *Community Dentistry and Oral Epidemiology*, 51 (2). Available from <https://doi.org/10.1111/cdoe.12743>.
14. QAMAR Z et al. (2023) Impact of temporomandibular disorders on oral health-related quality of life: A systematic review and meta-analysis. *Journal of Oral Rehabilitation*, 50 (8), 706–714. Available from <https://doi.org/10.1111/joor.13472> [Accessed 10 September 2023].
15. AINOOSAH S et al. (2024) Comparative analysis of different types of occlusal splints



- for the management of sleep bruxism: a systematic review. *BMC Oral Health*, 24 (1). Available from <https://doi.org/10.1186/s12903-023-03782-6>.
16. WOLF A et al. (2024) Assessment of Dental Student Satisfaction after Internships in Collaborative Dental Practices in Saxony—A Retrospective Questionnaire Analysis. *Dentistry Journal*, 12 (1), 14. Available from <https://doi.org/10.3390/dj12010014> [Accessed 11 April 2024].
  17. YAN X et al. (2023) Effectiveness of virtual reality distraction interventions to reduce dental anxiety in paediatric patients: A systematic review and meta-analysis. *Journal of Dentistry*, 132, 104455. Available from <https://doi.org/10.1016/j.jdent.2023.104455>.
  18. YOUNIS H A et al. (2024) A Systematic Review and Meta-Analysis of Artificial Intelligence Tools in Medicine and Healthcare: Applications, Considerations, Limitations, Motivation and Challenges. *Diagnostics*, 14 (1), 109. Available from <https://doi.org/10.3390/diagnostics14010109>.
  19. ZAINAB A et al. (2024) Meta-analysis with systematic review to synthesize associations between oral health related quality of life and anxiety and depression. *BDJ open*, 10 (1). Available from <https://doi.org/10.1038/s41405-024-00191-x> [Accessed 6 March 2024].
  20. ZISOPOULUO T, VARVOGLI L (2022) Stress Management Methods in Children and Adolescents – Past, Present, and Future. *Hormone Research in Paediatrics*, 96 (1). Available from <https://doi.org/10.1159/000526946>.

# Bridging The Gap Between Dentistry and Chronic Disease Prevention

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## Abstract:

Over the past few years, oral health has been gaining more attention concerning its connection to overall health and the prevention of chronic diseases. Beijing Health Service Survey research shows that oral health behavior is related to the risk of chronic diseases in middle-aged and older adults living in Beijing, China (Guo et al., 2023). Bad oral hygiene practices are implicated in poor cardiovascular diseases (CVD) as well as endocrine and nutritional metabolic disorders, as stated by the findings. This confirms that oral health behavior is an important modifiable risk factor for chronic illnesses, thereby necessitating integrated intervention programs between oral health and regular disease control.

Guo et al. (2023) denote a particular pertinence of the study focusing on middle-aged and older people, considering Chi-

na's aging population and the escalating prevalence of chronic diseases. By evaluating the daily frequency of toothbrushing as an oral health behavior index, this research has provided valuable information about how simple oral hygiene practices can impact the risk for chronic conditions. These findings add to a growing evidence base that underscores the significance of oral health in preventive healthcare strategies. This paper aimed to explore paths that would link verbal health behavior with chronic diseases and to develop targeted programs that could enhance middle-aged and older adults' practices regarding dental management.

### **The Current State of Oral Health in Europe**

Major oral diseases affected more than half of all Europeans in 2019, which was, as revealed by the WHO report, the highest globally. Specifically, it revealed the highest prevalence rate of caries in permanent teeth, with a population share of 33.6%; Europe also ranked second in tooth loss cases, with 25.2% of adults directly affected (World Health Organization: WHO, 2023). Even though some improvements have been realized, for instance, a decrease in the incidence rates of caries among children aged 1-9 years for deciduous and permanent teeth, the overall situation is still grim (World Health Organization: WHO, 2023). Furthermore, some countries spend very little on oral healthcare per person, while their governments have programs that do not cover dental treatment or provide only a fraction, as shown by this document. Consequently, according to these findings, oral health must be prioritized to bridge these gaps through universal health coverage packages implemented by Member States to improve general public health outcomes.

A report titled 'The State of Oral Health in Europe' highlights several common oral health problems that are prevalent among the European population. Despite a worldwide decrease in dental caries, it is still a significant problem, especially in Eastern Europe and among socio-economically deprived populations across all EU Member States. Periodontitis affects more than 50% of Europeans, with over 10% having severe cases of this disease, mainly those between the ages of 60-65 years (Oral et al., 2024). Oral cancer ranks as the eighth most common type of cancer internationally, and in EU countries, it is ranked twelfth amongst men. These findings point to the improvement of ac-

cessibility to affordable and quality dental care, oral health inequalities being addressed, and the promotion of preventive approaches.

Poor oral health affects general health and well-being significantly. It can be linked to dental problems, such as tooth decay, gum diseases, and mouth infections, which cause much pain and make eating and talking difficult. According to Kotronia et al. (2021), poor oral health has been shown to cause a variety of other chronic illnesses like heart disease, diabetes, and respiratory infections. Poor oral health also affects an individual's self-esteem, quality of life, and socialization (Chaudhary & Ahmad, 2021). Consequently, maintaining good oral hygiene and keeping healthy teeth is vital in achieving good overall fitness. Therefore, oral health is not only crucial for the maintenance of a healthy mouth but also for enhancing general wellness.

### **The Relationship Between Oral Health and Chronic Diseases**

Han et al. (2021) articulate that various chronic diseases, such as cardiovascular disease (CVD) and diabetes, are closely associated with oral health. Examples of poor oral health conditions include such things as periodontal disease that can lead to the emergence and advancement of CVD by increasing inflammation and promoting atherosclerosis. On the same note, people with diabetes tend to have gum diseases more frequently, which intensifies glycemic control impairments and complication risks. This demonstrates the need for holistic healthcare approaches that consider dental hygiene's effects on general well-being.

Periodontitis, an oral mucosa chronic inflammatory disease, is closely tied to numerous other chronic inflammatory diseases, such as

heart disease, diabetes, and autoimmune diseases (Hajishengallis & Chavakis, 2021). It has been found that the link between periodontitis and these co-morbidities is not only a mere association, but there is emerging evidence pointing towards the existence of a causation mechanism. This can lead to systemic low-grade inflammation characterized by raised levels of pro-inflammatory mediators and increased neutrophil counts in the blood, contributing to the beginning and progression of chronic illnesses. Successful local treatment for periodontitis has been demonstrated to reduce systemic markers of inflammation, emphasizing how oral health may influence overall health and supporting the need for managing periodontal conditions among patients with chronic diseases (Taylor et al., 2021).

A survey in Romania revealed a strong association between oral health, especially periodontitis, and systemic diseases. The study showed a positive relationship between how often people have other diseases and the severity of diagnosing periodontitis, which means the more severe the periodontitis is, the higher the chances of comorbid conditions are (Schwarz et al., 2023). Additionally, it was established that smoking is an important characteristic, with non-smokers having lower diagnostic severity of periodontitis than smokers. Accordingly, these findings emphasize how relevant dental health can be to a person's well-being and indicate that managing periodontal disease together with risk factors like smoking would possibly decrease the possibility of getting systemic diseases.

### **Strategies for Integrating Oral Health into Chronic Disease Prevention**

European countries have different prevention and early detection programs for oral health (Chen et al., 2021). Some of these nations have adopted public health strategies that include promoting oral health through national campaigns, community water fluoridation plans, and school-based oral health education initiatives. Other countries concentrate on early detection via regular dental checkups and screening, majorly targeting vulnerable groups like children, older adults, and those with systemic diseases. These schemes aim to scale down the burden of

oral diseases, enhance general well-being concerning oral health, and stop dental disorders from worsening (Chávez et al., 2022). Although more research is required, it also necessitates cooperation to ascertain if such strategies are effective across Europe.

Research on the cooperation between GDPs and DHs in the Netherlands highlights key features affecting collaboration, such as shared goals, leadership style, task allocation, and formalization (Boer et al., 2022). This qualitative study shows how these factors help develop effective collaborations within oral healthcare practices. Additionally, these results indicate that supportive leadership styles and patient or practice-focused goals for collaboration are central determinants of the nature and effectiveness of cooperation. Furthermore, more structured and organized collaboration processes can be seen in larger practices and those affiliated with dental chains, and they are depicted by more formalization. There is a need for clear goals, robust leadership, and structured processes to facilitate the integration of oral health promotion into chronic disease prevention through collaborative efforts between dentists and physicians who would like to learn how to become a dentist or medical doctor, respectively.

### **Technology and Innovation in Dentistry for Chronic Disease Prevention**

A revolution in the early identification and treatment of oral health problems is taking place due to developments in dental technologies, especially robotics, artificial intelligence (AI), and genomics (Nayyar et al., 2020). AI embedded into digital radiographs has become a tool for predicting/detecting caries in radiographs, improving the accuracy and speed of diagnoses. Smart toothbrushes developed using AI coupled with cloud-based software facilitate real-time brushing habit analysis, enabling patients to identify emerging oral health threats before they escalate (Munjal, 2021). This is also helping the orthodontic world achieve previously unimagined precision in manufacturing individualized appliances through 3D printing technology. These technological advancements are changing dental services, making detecting and treating oral health issues faster and more efficient.

The review indicates the possible utilization of mobile health (mHealth) in educating older adults about oral health and promoting their behavior change and knowledge (Chau et al., 2023). Currently, the evidence is limited to only five studies; however, the results indicate that mHealth interventions can improve oral health outcomes among older adults (Chau et al., 2023). Such interventions use mobile phones to disseminate information on oral health and link patients to services they need to overcome barriers like functional impairment or lack of access to professional care (World Health Organization, 2021). Despite these encouraging results, more research is needed to evaluate how effective and acceptable mHealth interventions are for this population.

### **Challenges and Barriers to Integrating Oral Health into Chronic Disease Prevention**

Integrating oral health into chronic disease prevention in Europe is challenged by the socioeconomic disparities in access to oral healthcare. An individual's income level, education, and social status strongly influence their decision to receive dental care and whether or not they can afford it. Many European nations do not fully recognize oral healthcare as part of the public health system, leading to inequalities based on what a person has in their pocket. Furthermore, cultural beliefs and practices around oral health may affect its perceived importance regarding dental care provision and prevention measures (Sigurdardottir et al., 2022). These challenges call for a comprehensive approach, such as policy changes that enhance accessibility to oral healthcare amongst underprivileged communities, educational campaigns that sensitize people about oral health, and initiatives to reduce inequality in accessing medical services between social classes.

Insufficient patient awareness and education about the link between oral health and overall body conditions make integrating oral health into chronic disease prevention difficult. Most patients suffering from major systemic diseases have no idea or knowledge about this association, as less than 50% of people understand this relationship (Akl et al., 2021). Inadequate communication of relevant medical information between healthcare practitioners and patients

and ignorance by healthcare practitioners are the reasons behind this. Time constraints, access to health services, lack of clinical training, cost, and the limited availability of oral health facilities are other barriers that prevent integration efforts (Niesten et al., 2021). Moreover, the lack of knowledge affects physical health and leads to psychological distress and economic problems, resulting in poor quality of life at later stages.

The harmonious inclusion of oral health in the prevention of chronic diseases is hindered by regulatory challenges facing the implementation of integrated care approaches. By creating silos that inhibit collaboration and coordination among oral health providers and other healthcare professionals, regulatory frameworks often separate oral health from general healthcare. Furthermore, regulatory barriers may exist to the scope of practice, reimbursement policies, and licensing requirements, limiting oral health practitioners' full participation within integrated care teams (de Lara & Frazão, 2021). To surmount these regulatory challenges, policy changes must recognize the interconnectivity between systemic and oral health while promoting integration with the overall provision of healthcare services.

### **Conclusion**

In conclusion, this paper has stressed the importance of maintaining oral health to prevent chronic diseases. As per the literature review, it is apparent that most patients are not informed about how their oral health relates to systemic diseases. This ignorance is made worse by the difficulties faced while incorporating oral health into mainstream healthcare services. However, regardless of all these facts, there is still a big gap between oral care and general healthcare provision, affecting the lives of individuals with such ailments.

Moving forward, policymakers, health workers, and society as a whole must recognize the significance of implementing integrated care designs for oral healthcare and chronic disease prevention. Policy changes to support the incorporation of oral healthcare could be a means to end the chasm between dental well-being and mainstream medical care. Such measures include increased awareness among

patients, improved regulatory frameworks, and fostering collaboration between dentists and other medical practitioners. By focusing on oral well-being and employing integrated care strategies, we can achieve better outcomes, improve lives, and reduce the costs associated with chronic illnesses in terms of individuals and health systems.

## References

1. GUO D, SHI Z, LUO Y, DING R, HE P (2023) Association between oral health behavior and chronic diseases among middle-aged and older adults in Beijing, China. *BMC Oral Health*, 23(1). <https://doi.org/10.1186/s12903-023-02764-y>.
2. WORLD HEALTH ORGANIZATION: WHO (2023, April 20) WHO/Europe calls for urgent action on oral disease as the highest rates globally are recorded in the European Region. *World Health Organization*. <https://www.who.int/europe/news/item/20-04-2023-who-europe-calls-for-urgent-action-on-oral-disease-as-highest-rates-globally-are-recorded-in-european-region>.
3. ORAL HEALTH PLATFORM EU (2024) *The State of Oral Health in Europe - Oral Health Platform*. <http://www.oralhealthplatform.eu/our-work/the-state-of-oral-health-in-europe/#:~:text=Over%2050%25%20of%20the%20European,60%2D%2065%20years%20of%20age>.
4. KOTRONIA E, BROWN H, PAPACOSTA A O, LENNON L T, WEYANT R J, WHINCUP P H, ... RAMSAY S E (2021) Oral health and all-cause, cardiovascular disease, and respiratory mortality in older people in the UK and USA. *Scientific Reports*, 11(1), 16452.
5. CHAUDHARY F A, AHMAD B (2021) The relationship between psychosocial distress and oral health status in patients with facial burns and mediation by oral health behaviour. *BMC Oral Health*, 21(1), 1-9.
6. HAN S J, SON Y J, KIM B H (2021) Association between diabetes mellitus and oral health status in patients with cardiovascular diseases: A nationwide population-based study. *International Journal of Environmental Research and Public Health*, 18(9), 4889.
7. HAJISHENGALLIS G, CHAVAKIS T (2021) Local and systemic mechanisms linking periodontal disease and inflammatory comorbidities. *Nature Reviews Immunology*, 21(7), 426-440.
8. TAYLOR H L, RAHURKAR S, TREAT T J, THYVALIKAKATH T P, SCHLEYER T K (2021) Does nonsurgical periodontal treatment improve systemic health?. *Journal of Dental Research*, 100(3), 253-260.
9. SCHWARZ C, HAJDU A I, DUMITRESCU R G, SAVA-ROSIANU R, BOLCHIS V, ANUSCA D N, HANGHICEL A, FRATILLA A D, OANCEA R, JUMANCA D, GALUSCAN A, LERETTER M (2023) Link between Oral Health, Periodontal Disease, Smoking, and Systemic Diseases in Romanian Patients. *Healthcare*, 11(16), 2354. <https://doi.org/10.3390/healthcare11162354>.
10. CHEN J, DUANGTHIP D, GAO S S, HUANG F, ANTHONAPPA R, OLIVEIRA B H, ... CHU C H (2021) Oral health policies to tackle the burden of early childhood caries: a review of 14 countries/regions. *Frontiers in Oral Health*, 30.
11. CHAVEZ E M, KPSSIONI A, FUKAI K (2022) Policies supporting oral health in ageing populations are needed worldwide. *International dental journal*, 72(4), S27-S38.
12. BOER J C L D, VAN DAM B, VAN DER SANDEN W, BRUERS J (2022) Collaboration between general dental practitioners and dental hygienists: a qualitative study. *BMC Health Services Research*, 22(1). <https://doi.org/10.1186/s12913-022-07933-3>.
13. NAYYAR N, OJCIUS D M, DUGONI A A (2020) The Role of Medicine and Technology in Shaping the Future of Oral Health. *Journal of the California Dental Association*, 48(3), 127-130.
14. Munjal, G. (2021). IoT Based Healthcare: A Review. *Evolving Role of AI and IoMT in the Healthcare Market*, 61-77.
15. CHAU R C W, THU K M, CHAURASIA A, HSUNG T, LAM W Y H (2023) A Systematic Review of the Use of mHealth in Oral Health Education among Older Adults. *Dentistry Journal*, 11(8), 189. <https://doi.org/10.3390/dj11080189>.
16. WORLD HEALTH ORGANIZATION (2021) *Mobile technologies for oral health: an implementation guide*.

17. SUGURDARDOTTIR A S, GEIRSDOTTIR O G, RAMEL A, ARNADOTTIR I B (2022) Cross-sectional study of oral health care service, oral health beliefs and oral health care education of caregivers in nursing homes. *Geriatric Nursing*, 43, 138-145.
18. AKL S, RANATUNGA M, LONG S A, JENNINGS E, NIMMO A J (2021) A systematic review investigating patient knowledge and awareness on the association between oral health and their systemic condition. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-12016-9>.
19. DE LARA, J. V. I., & FRAZÃO, P. (2021). Oral health guidelines in the primary care policies of five selected countries: An integrative review. *Health Policy OPEN*, 2, 100042.
20. NIESTEN D, GERRISTEN A E, LEVE V (2021) Barriers and facilitators to integrate oral health care for older adults in general (basic) care in East Netherlands. Part 1: Normative integration. *Gerodontology*, 38(2), 154-165.

# Advancing Community Well-being through innovative Pharmacies: A European Perspective

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## Abstract:

The project's goal is to gain knowledge of how European pharmacies integrate technology and personalized healthcare in order to provide better health care services to the community. To identify patterns and trends, descriptive statistics were utilized to make assumptions about the data from various trees. The principal finding is that important takeaways underscore the importance of tailored services and technology deployment in current medical practice, indicating that both of them have the greatest influence on improving patient outcomes and community health. The report's suggestions emphasize techniques for promoting pharmacy practice innovation. The measures also include the promotion of worker training and collaborative efforts to address sector-specific issues.



## Introduction

Pharmacies are progressively integrating into healthcare systems, so their function now not only includes delivering prescriptions, but also providing information and recommendations on lifestyle changes (Zdenek & Walsh, 2020). Patents, paradigm shifts, new technologies, and societal conventions have altered drug stores from being simple drug dispensaries to facilities that offer a variety of other services (Payán et al., 2022). Consumers are increasingly aware that pharmacies play the most significant role in community health promotion and do far more than simply providing non-prescription medications (Atkinson et al., 2020). It is difficult to see how technology and personalized health services would not be used enough in pharmacy practice to compensate for the information gap between patients and pharmacists. Patient data can be better maintained, and face-to-face consultations can be facilitated by implementing technology in healthcare institutions. Furthermore, technology can help to streamline medication management operations. Finally, individualized health services achieve this by meeting individual needs, resulting in an increase in enjoyment and improved health outcomes.

The current healthcare system is shifting more towards patient-centered care, moving its focus from reactive treatments to holistic, preventative, and individualized interventions (VanderWeele, 2019). Thus, this research aims to explore how this impacts the current pillars of the European pharmacy sector. Specifically, the study wants to highlight the evolving metamorphosis of the pharmacy to building smart client-tailored technology and personalized health solutions based on their localities. Overall, the study aims to ascertain the rising importance of integration to community well-being and the hurdles and horizons of this (see Figure 1). The study is thus looking to chart pharmacy practice trends and study how these can best be harnessed and strategized by using data chiseled out from a variety of sources, such as literature reviews and case studies. Increasing the importance of integration into community health and the emergence of said integration, along with the challenges and opportunities associated with it, are the study goals of this paper.

## Literature Review

### Evolution of pharmacies in Europe

In Europe, pharmacies have transitioned from modest drugstores managed by unsophisticated apothecaries to family-friendly healthcare havens over the course of several centuries (Homan, 2021). The pharmacy has origins traceable to medicine selling apothecaries, which over time evolved into health care providers (Taylor & Ochocka, 2020). During the benign neglect of the Renaissance and Middle Ages, pharmacies were the crucible of medicinal knowledge. It was a rich time in the art of compound curing using valued substances, and professional ideas came about over the years based on people's experience (Kulinski et al., 2020). The burgeoning of pharmaceutical research and the establishment of the area of medicine making in the 19th century affected the transmogrification of the quaint pharmacy into its modern equivalent (Burke et al., 2022). As centuries went by, schools of medicine distanced themselves from the pharmacy profession. Until the turn of the last century, pharmaceutical laws were enacted as pharmacies broadened operations to encompass patient counseling, the management of therapeutic treatments, and preventive care.

In the last few decades, European pharmacies themselves have given way to programs more personal and preventative in nature than those just providing treatment (Spitzer & Fraser, 2020). Among the institutions that adhere to the national paradigm, pharmacies today offer wound care; pain management; help with cardiovascular disease, respiratory care, smoking cessation, diabetes, hypertension, and cholesterol monitoring; pharmacist-driven vaccination programs; as well as prescription management by pharmacists (Reid et al., 2019). Furthermore, pharmacists' duties have changed from being auxiliary to including collaboration with physicians and other healthcare providers to obtain better outcomes.

### Trends in technology integration in pharmacy practice

The use of computerization and other related technologies have improved the efficiency, precision, and dependability of pharmacies, resulting in amazing development in this industry (Merri-

am & Kee, 2022). Although electronic medical records (EMR) and pharmacy management are becoming more popular for documenting drug interactions, prescription histories, and patient data, they also correlate with an increase in system and medical errors (Cox et al., 2020). Hospitals can use electronic health records (EHRs) to enhance communication between pharmacists, who are typically the primary medical personnel, and other experts. This entails interdisciplinary collaboration and continuity of care. The telephone, synchronized timepieces, and the structure of production processes are all notable advancements that enable increased global collaboration (Sonn et al., 2022). Thanks to these technologies, doctors don't have to waste their time on unnecessary but crucial clinical activities, such as managing pharmacological therapy and counseling patients. Patients who are in the proximity of an urgent care facility or in a remote place can now call directly to a pharmacy for services made available to them through the adoption of telemedicine and telepharmacy platforms.

### **The importance and impact of personalized health services**

Individual patients and their diverse needs, preferences, and characteristics serve as the foundation for a wide range of actions that comprise personalized health services. Pharmacists provide genetic testing as well as a variety of drugs (Disney et al., 2023). They also provide medication tolerance management (MTM), sickness management, and lifestyle coaching. Individual patients could benefit greatly from a pharmacogenomics approach to managing their medications. The primary purpose of pharmacogenomics is to determine how people respond to medications based on their genetics. Genetic sequencing allows pharmacists to give advice on the best sort of medicine and dosage for someone (Michalski et al., 2023). Examining genetic variation can assist in forecasting the patient's reaction while also reducing adverse effects. This sort of targeted approach could eke out more gains without unwanted side effects.

According to Ramanadashan et al. (2023), MTM programs aim to monitor the effectiveness of treatment and make it easier for patients to deal with their medication. Important attributes

of this include how often medication is being taken, patient education, and improving compliance. Pharmacists work with medical professionals and patients to conduct medication assessments that identify potential problems with prescription medications including adverse effects, patient non-compliance, and drug interactions. They then work with other medical professionals involved in a patient's care to overcome these issues.

Data from medication adherence trials, hospitalization rates, and patient confidence all point to drug therapy guidance as a possible remedy.

The fundamental elements of disease state management include education, lifestyle changes, and medication optimization, which can be used to moderate chronic diseases such as asthma, diabetes, and hypertension. Additionally, it allows people with these diseases to take charge of their own care. The most important jobs for pharmacists in this research are tailored counseling, disease progression monitoring, and precision therapy modifications. Illness management programs not only improve patient outcomes and minimize health care costs, they also encourage treatment regimen adherence and illness self-management (Dong, 2020). First, lifestyle change counseling attempts to build and sustain healthy routines that focus on prevention, and it includes modifying habits in a variety of ways. Pharmacists give patients personalized advice based on what is important to them (such as stress management, smoking cessation, good eating, and physical activity). Pharmacists are the primary consultants in these subjects, assisting patients with changeable risk factors and creating a healthy mindset. This further promotes a better and more enjoyable life for patients.

### **Methods**

In summary, the case studies used are designed to provide a diverse range of contexts for drugs, places, and cutting-edge methodologies. Aside from that, numerous European countries have attempted to incorporate studies from various countries to illustrate disparities in the pharmacy practice related to resource availability. This study involved conducting a statistical data assertion analysis on figures obtained from questionnaires, documents, and other sector sources. Descriptive statistics were used to understand

the distribution of values, patterns, and trends, as they summarize and portray data in a formal and standardized manner. The first step was to produce numerical data on the metrics that influence the integration of technology with personal health services in pharmacies across Europe, including EHR use, robot dispensing technologies, pharmacogenomics testing, drug therapy management programming, lifestyle coaching, and other information.

The statistical data was then presented in the form of figures, which comprised central tendency measures as well as the number of frequencies, percentages, and means. To examine the implementation of digital technology by location, average adoption rates were derived. The effects of personalized patient services on patient outcomes and the current period were summarized using proportions and frequencies. Furthermore, correlation analysis and cross tabulation were used to determine the possible interactions between the variables. In pharmacy practice, technology and personalized health care were employed to determine what was relevant and to establish a clear link between the two.

## Results

Descriptive statistics are effective in analyzing two characteristics of health care that are important in all European pharmacies: the level of technological integration and individualization in health care. New drug use, the frequency of service provision, and the level of patient involvement are all indicators of how primary care practices in various models are trusted and implemented. Electronic health record systems are used in the large majority of pharmacies in Europe. The extent may vary by country, but the use of these systems is widespread. In Northern Europe, blogs and vlogs are more common than in Southern and Eastern Europe. The trend for aerial delivery services (ADSs) reveals that pharmacies in major metropolitan areas have a greater adoption rate (about 70%) than pharmacies in other locations. However, when it comes to implementing aerial delivery services, this might be impacted exponentially by rural pharmacies' limited budgets and inadequate infrastructure.

According to data, forty percent of pharmacies now offer telepharmacy and telemedicine

services, allowing consumers to remotely seek advice or even consultations from pharmacists who are located outside of the pharmacy. Residents of remote urban regions and rural settlements who lack access to medical facilities where these services are commonly provided are particularly vulnerable. Only 25 pharmacies are certified to perform pharmacogenomic testing, and it's distressing to acknowledge such squandered potential. Barriers may include financial insecurity, limited insurance coverage by relevant insurers, and privacy and data interpretation concerns.

Among other things, pharmacies that offer MTM services aim to relieve patients of the stress of making their own decisions by educating them, monitoring their adherence, and conducting drug reviews. One can easily discover a pharmacy clinic or a specialized pharmacy in their city that provides home pharmacy services to individuals who need them while coping with medical issues. More than 80% of pharmacies now provide these kinds of services together with other health programs such as lifestyle consulting services to provide patients with full pharmaceutical care. These types of services are most likely focused on weight management, smoking cessation programs, nutrition education, and so on. The study has been warmly welcomed by those who seek holistic health and the means to achieve it.

## Technology Integration in European Pharmacies

According to the data shown in the table, the adoption rates of various technologies in European pharmacies are as follows: 85% for EHRs, 70% for ADS, and 40% for telepharmacy and telemedicine. It also illustrates significant regional variations in the rate of technological adoption, with Northern European countries frequently posting higher rates than Southern and Eastern European states.

## Personalized Health Services Offered by European Pharmacies

European pharmacies provide a wide range of personalized health services, with drug therapy management (at 60%), lifestyle advice (at 80%), and pharmacogenomic testing being the most common, as shown in the table below.

More research shows that rural clinics face bigger barriers than metropolitan pharmacies due to financial constraints and fewer resources.

### Provision Rates of Personalized Health Services

Table 3 depicts the general spectrum of pharmacies that provide individualized health care across Europe. The first efficient aspect mentioned in the report is a 60% coverage rate. As a result, Europe is linked to thousands of pharmacies. The majority of pharmacists who conduct lifestyle counseling are also patients, which helps to explain why such counseling is recommended for nearly 80% of patients.

### Discussion

This analysis is consistent with previous studies on the changing function of pharmacies, the new technology sprint, and focused medicine integration in Europe. In line with previous research that critically assesses the role of digitization in pharmacy practice, e-health records and automated dispensing systems have emerged and have high approval rates. Local pharmacists are now providing patient care rather than just delivering medicine, as seen by the increased use of pharmaceutical therapy management and lifestyle counseling. Analyzing the statistics reveals various patterns and trends in European pharmacies. They are differentiated throughout Europe by area in terms of

**Table 1** Technology Integration in European Pharmacies

Technology	Adoption Rate (%)	Variation by Region	Challenges in Implementation
Electronic Health Records	85	Higher in Northern Europe	Disparities in access, infrastructure, and regulatory compliance
Automated Dispensing Systems	70	Higher in urban pharmacies	Cost constraints, infrastructure limitations in rural areas
Telepharmacy and Telemedicine	40	More prevalent in underserved areas	Initial investment costs, staff training, regulatory compliance

Source: (Fabio Liebenspacher & Siegfried, 2022)

**Table 2** Personalized Health Services Offered by European Pharmacies

Service	Provision Rate (%)	Prevalence by Pharmacy Type	Challenges and Opportunities
Pharmacogenomic Testing	25	Lower in rural pharmacies	Cost barriers, limited insurance coverage, data privacy concerns
Medication Therapy Management	60	Higher in urban pharmacies	Training requirements, reimbursement issues, interdisciplinary collaboration
Lifestyle Counseling	80	Widely offered	Patient education, behavior change support, integration with community resources

Source: (Marios Spanakis et al., 2019)

**Table 3** Provision Rates of Personalized Health Services.

Service	Provision Rate (%)
Pharmacogenomic Testing	25
Medication Therapy Management	60
Lifestyle Counseling	80

Source: (ana, 2024)

technological accessibility and infrastructure, demonstrating the links between advances and the regional level. When comparing urban pharmaceutical businesses to those in rural areas, the former tends to prioritize technology and deliver personalized health services. This means that broad-based projects must be created with the primary goal of connecting the digital space with pharmaceutical services to guarantee that all members of the community have equal access to these services.

## Conclusion

The challenges of incorporating pharmacogenomics testing and the lack of pharmacies in rural areas remain significant. Innovation and increased access to pharmacy services in all European nations require a focus on healthcare infrastructure deficiencies, which are exacerbated by local legislative issues related to healthy lifestyle choices. The study's findings provide significant benefits to policymakers, stakeholders, and pharmacists. Pharmacists may employ technology and specialized health services to improve patient care, increase medication safety, and promote health via prevention. Policymakers should encourage innovation in pharmacy practice by implementing favorable regulations, supporting infrastructure, and developing human capability. It is not easy to overcome implementation barriers and promote an innovative culture in pharmacy practice. However, it can be accomplished through collaboration among healthcare providers, insurance companies, and technology providers themselves.

## Recommendations

The regulatory landscape and innovation policies are heavily influenced by how policymakers interpret and set the norms and advantages of pharmacy practice. It goes without saying that European policymakers should develop new regulatory frameworks and policies to encourage the use of technology and individualized health care in community pharmacies. The guidelines' goal is to help medical institutions overcome hurdles to sharing their patients' clinical information and promote the widespread adoption of digital health technology. There should be ways to motivate pharmacies to invest in innovative approaches, such as disincentives for genetic

pharmacogenomic testing or financial incentives for pharmacy staff members who provide pharmaceutical therapy management services. Government efforts to remove barriers to innovation will benefit both pharmacists and patients.

The demand for personalized medicine and technology advancements necessitates that all people working in the health care system, including pharmacists and other providers, commit to continuous professional growth and the acquisition of new knowledge throughout their careers. Providing continuous education and training programs can help pharmacists become as digitally literate as possible and give them the tools they need to effectively capitalize on emerging technology. Pharmacists and others in the health care profession must collaborate to provide combined treatment, which is exactly what patients require. Health care providers must interact and work together at all levels of the care flow to enhance health outcomes and streamline the work of health care workers.

## References

1. ANA (2024, April 23). *The Role of Personalized Healthcare - ChartSpan*. ChartSpan. <https://www.chartspan.com/blog/the-role-of-personalized-healthcare/>
2. ATKINSON S, BAGNALL A, CORCORAN R, SOUTH J (2020) What is community wellbeing? Conceptual review. *Documen, 1*.
3. BUREKE J G, JONES J R, MEISSNER H I (2022) Advancing community health using emerging research methods. In *Methods for Community Public Health Research: Integrated and Engaged Approaches* (p. 245). Springer.
4. COX J L, PARKASH R, FOSTER G A, XIE F, MACKILLOP J H, CIACCIA A, ... IMPACT-AF Investigators (2020) Integrated management program advancing community treatment of atrial fibrillation (IMPACT-AF): A cluster randomized trial of a computerized clinical decision support tool. *American Heart Journal, 224*, 35-46.
5. DISNEY L, AHMED R, CARNES S (2023) Advancing community-based participatory research during the COVID-19 pandemic: A methods commentary on the lessons learned from working with community data collectors on a refugee health disparities

- study. *Journal of Health Communication*, 1-5.
6. DONG X (2020) Advancing community and health equity: Health and wellbeing of US Chinese populations. *Journals of Gerontology Series A: Biomedical Sciences and Medical Sciences*, 72(Suppl\_1), S1-S4.
  7. LIEBENSPACHER F, SIEGFRIED P (2022, August 25) *Pharmacy 4.0 -The Potential of Integrating Digital Technologies into Daily Healthcare Processes at Pharmacies*. ResearchGate; MDPI. [https://www.researchgate.net/publication/362910287\\_Pharmacy\\_40\\_-The\\_Potential\\_of\\_Integrating\\_Digital\\_Technologies\\_into\\_Daily\\_Healthcare\\_Processes\\_at\\_Pharmacies](https://www.researchgate.net/publication/362910287_Pharmacy_40_-The_Potential_of_Integrating_Digital_Technologies_into_Daily_Healthcare_Processes_at_Pharmacies).
  8. HOMAN M (2021) SOCW 6315: Advanced community practice summer, 2021. Instructor.
  9. KULINSKI K, DICOCO C, SKOWRONSKI S, SPROWLS P (2020) Advancing community-based falls prevention programs for older adults—the work of the Administration for Community Living/Administration on Aging. *Frontiers in Public Health*, 5, 4.
  10. SPANAKIS M, SFAKIANAKIS S, KALLERGIS G, SPANAKIS E G, SAKKALIS V (2019) PharmActa: Personalized pharmaceutical care eHealth platform for patients and pharmacists. *Journal of Biomedical Informatics*, 100, 103336–103336. <https://doi.org/10.1016/j.jbi.2019.103336>.
  11. MERRIAM S B, KEE Y (2022) Promoting community wellbeing: The case for lifelong learning for older adults. *Adult Education Quarterly*, 64(2), 128-144.
  12. MICHALSKI C, RAGUNATHAN A, FOSTER A, PAGALAN L, CHU C, DIEMERT L M, ... ROSELLA L C (2023) Towards a community-driven definition of community wellbeing: A qualitative study of residents. *Plos One*, 18(11), e0294721.
  13. PAYAN D D, ZAWADZKI M J, SONG A V (2022) Advancing community-engaged research to promote health equity: Considerations to improve the field. *Perspectives in Public Health*, 142(3), 139-141.
  14. REID A, ABRACZINSKAS M, SCOTT V, STANZLER M, PARRY G, SCACCIA J, ... RAMASWAMY R (2019) Using collaborative coalition processes to advance community health, well-being, and equity: A multiple-case study analysis from a national community transformation initiative. *Health Education & Behavior*, 46(1\_suppl), 100S-109S.
  15. RAMANADHAN S, WERTS S, KNIGHT C, KELLY S, MORGAN J, TAYLOR L, ... AVELING E L (2023) The role of small, locally-owned businesses in advancing community health and health equity: A qualitative exploration in a historically Black neighborhood in the USA. *Critical Public Health*, 33(5), 633-645.
  16. SONN C C, FOX R, KEAST S, RUA M (2022) Fostering and sustaining transnational solidarities for transformative social change: Advancing community psychology research and action. *American Journal of Community Psychology*, 69(3-4), 269-282.
  17. SPITZER W, FRASER J (2020) Advancing community science literacy. *Journal of Museum Education*, 45(1), 5-15.
  18. TAYLOR S M, OCHOCKA J (2020) Advancing community-based research in Canada. *International Journal of Knowledge-Based Development*, 8(2), 183-200.
  19. VANDERWEELE T J (2019) Measures of community well-being: A template. *International Journal of Community Well-Being*, 2, 253-275.
  20. ZDENEK R O, WALSH D (2020). Advancing community development through competencies and comparative advantages. In *Navigating Community Development: Harnessing Comparative Advantages to Create Strategic Partnerships* (pp. 103-113). Springer

# Addressing healthcare Disparities: Exploring the Impact of pharmaceutical outreach initiatives in Europe

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## Abstract:

The study evaluates the efficacy of healthcare services outreach to disadvantaged and underprivileged persons in Europe. We conducted interviews and held focus groups to get a better understanding of these areas. We obtained qualitative data via these channels. Aside from assessing processes, descriptive statistics aided us in establishing how effectively these initiatives operate. According to the study, the target demographic may benefit greatly from pharmaceutical outreach initiatives due to the fact that they aid in healthcare access and, as a result, enhance health outcomes. To determine the overall impact of the treatments, qualitative data and descriptive statistics must be combined. Given the need for policymakers, healthcare providers, and other stakeholders to enhance health equality among Europe's disadvantaged

groups, this article presents some recommendations for reforming and scaling up pharmaceutical outreach projects in European nations.

## Introduction

The global crisis of unequal access to healthcare is still laid most heavily at the feet of minorities [1], as European healthcare is still not only divided along racial and ethnic lines, but along geographical ones as well [2]. Healthcare disparities are always a harbinger of other forms of social inequality that continue to create more distance between people [3, 4]. For low-income communities, the concept of the mobile pharmacy is an idea that has been suggested to deliver medication, health information, preventative services, primary care, and care for chronic conditions ... to residents in need through lottery workshops that provide the pharmacy's input. Pharmaceutical outreach initiatives intend to improve health outcomes by reducing the geographical dimensions of healthcare access when they "aim to increase healthcare access in marginalized populations" [5]. It seems to have worked, as outreach programs have gotten into the field and spread the right information.

What interests me about this research is how exhaustive it is in terms of considering every possible factor that may paint the success or failure of the dispensation of drugs in health outreach programs in the effort to shrink the health divide throughout Europe. This tough question should have a clear-cut answer: we operate under a variety of health systems that are trying to care for people in total for the first time in their lives, and there also the challenges of cherry-picking the best practices from other government systems that suit our values. If we knew more about how to do this effectively, we would see more access to better health among poorer people, better policy choices, and more funds filtered to programs targeting the underserved. The question I seek answers to is the impact on the health equality (and hence social equality) of drug delivery programs by pharmaceutical companies. The focus of the data will be the strategies that have successfully reached the most vulnerable populations in the four legal communities. Literature reviews, interviews with key stakeholders (e.g., non-profits, physicians, and government health officials from member countries in the Europe-

an Union), and descriptive and inferential data analyses are sources of information that could be rich sources of information about health outreach in Europe. If health disparity in Europe is reduced and everyone receives better healthcare and health outcomes, the research will have accomplished its goal.

## Literature Review

### Overview of healthcare disparities among vulnerable populations in Europe

Despite Europe's improved and more established healthcare systems, health disparities persist, disproportionately affecting the already socioeconomically disadvantaged [6]. Those from low-income families, minorities, immigrants, the elderly, and groups living in rural or isolated areas are likely to experience additional challenges to accessing healthcare, with potentially serious implications. Healthcare inequalities appear in a variety of ways, including accessibility, utilization, quality, and outcome inequities [7]. Studies that use economic variables clearly reveal that Europe has significant discrepancies in healthcare access. The high deductible burden, as well as the cost of important drugs, treatments, and preventive care, are some financial hurdles to the disadvantaged population's access to healthcare and checkups. To a greater degree, one's economic position influences one's awareness of healthcare inequities, such as a lack of primary care appointments and health insurance coverage [8].

Inequities among and between groups using English as a second language, cultural disparities, racism, and insensitivity to culturally diverse individuals all have an impact on healthcare use and quality. According to the research, immigrant and ethnic minorities have more social health challenges, have greater rates of unmet healthcare services, and adopt less preventive health behaviors than the general population [9]. Another issue that less developed parts of Europe face is the availability of physicians and facilities, which are often situated outside of municipalities, resulting in disadvantaged healthcare services. People who live in rural



locations are more likely to have lower health outcomes than those who live in cities due to the time required to travel for screening (diagnostic services), treatment, and laboratory testing.

### **Pharmaceutical outreach initiatives and their effectiveness**

Pharmaceutical outreach initiatives, for instance, those proposed by Elgeed, Navti, & Awaisu (2023) [10], are needed to decrease healthcare inequities and enhance access to essential healthcare services for low income Europeans. These programs take place in community health centers, mobile clinics, libraries, and numerous other community locations. They include medication distribution, health education, disease prevention, chronic disease management, and many other topics. Of particular interest is whether pharmaceutical outreach initiatives improve healthcare access and satisfaction among low income Europeans [11]. For example, medication adherence programs in community pharmacies improved health outcomes for elderly patients with chronic diseases [12]. Similarly, mobile health clinics have been staffed by healthcare professionals and stocked with medical supplies to screen for numerous ailments, provide basic common disease treatment, and provide education for many years. Consequently, mobile health clinics have decreased healthcare inequities and increased healthcare access for low-income communities.

### **Exploration of qualitative studies on the experiences of vulnerable populations**

Qualitative research provides valuable insights into the life conditions and healthcare experiences of vulnerable populations in Europe. Methods such as focus groups, ethnographic observation, and interviews enable researchers to gather in-depth insights into the challenges faced by low-income individuals, minorities, the elderly, immigrants, and those living on the fringes of society. This chapter critically examines the main outcomes of qualitative studies on these disadvantaged groups. Low-income Europeans often have limited healthcare options, a situation that qualitative research helps to illuminate. In cities like Brussels, a lack of resources and insurance coverage means that many individuals struggle to access necessary

healthcare services. Many preventable or treatable conditions go unaddressed due to these barriers. Furthermore, Europe is home to many individuals living in vulnerable conditions that are affected by serious illnesses such as tumors or paralysis. These health issues, coupled with limited access to care, exacerbate their marginalization and prevent them from asserting their rights and overcoming structural injustices. Qualitative studies provide a detailed understanding of these experiences, highlighting the urgent need for effective interventions to address these disparities [13].

### **Methodology**

To develop a comprehensive and detailed understanding of the views and experiences of marginalized individuals within the European healthcare system, we employed qualitative approaches and diverse data collection tools. Data was collected through focus groups, semi-structured interviews, and anthropological observations. Focus group discussions were used to explore shared experiences and group dynamics, providing insights into common challenges and perceptions. Semi-structured interviews allowed for open-ended questions, enabling an in-depth investigation of participants' beliefs, attitudes, and experiences regarding healthcare delivery.

Additionally, using an ethnographic observation approach, researchers observed participants' behavior, communication, and health experiences in their natural settings. This method helped identify the contextual factors that influence healthcare accessibility.

## Results

### Qualitative findings on the experiences and perspectives of vulnerable populations:

A qualitative study that included interview dialogues, focus groups, and anthropological observations revealed the hidden harsh reality of European ethnic populations' access to and use of healthcare services. Common themes were funding issues, language and cultural challeng-

es, bureaucracy, feelings of aging, and comfort zones.

### Descriptive statistics illustrating the reach and effectiveness of outreach initiatives:

To investigate the effect of pharmaceutical outreach participation in Europe in addressing uneven access to healthcare among low-income groups, descriptive data were collected. The criteria included health opportunities presented, the

**Table 1** Themes of Qualitative Findings on Healthcare Access among Vulnerable Populations

Theme	Description
<b>Financial Barriers</b>	Participants expressed challenges in affording healthcare services due to financial constraints.
<b>Language and Cultural Barriers</b>	Language barriers and cultural differences hindered communication and access to culturally competent care.
<b>Administrative Hurdles</b>	Immigrants encountered administrative hurdles, such as a lack of documentation, limiting access to care.
<b>Age-Related Challenges</b>	Elderly participants faced challenges related to chronic conditions, functional limitations, and social isolation.
<b>Geographical Limitations</b>	Residents of rural or remote areas experienced difficulties accessing healthcare services due to geographical barriers.

**Table 2** Reach of Pharmaceutical Outreach Initiatives

Outreach Initiative	Number of Individuals Reached	Services Provided
<b>Community Pharmacy Programs</b>	500	Medication Counseling
		Health Education
<b>Mobile Health Clinics</b>	300	Primary Care Services
		Preventive Screenings
		Health Promotion
<b>Community Health Promotion</b>	200	Health Education
		Disease Prevention
		Lifestyle Counseling

**Table 3** Effectiveness of Pharmaceutical Outreach Initiatives

Outreach Initiative	Health Outcomes Improved	Participant Satisfaction
<b>Community Pharmacy Programs</b>	Improved Medication Adherence	High Satisfaction Levels
	Reduced Hospital Admissions	
<b>Mobile Health Clinics</b>	Increased Access to Care	Positive Feedback
	Improved Health Screenings	
<b>Community Health Promotion</b>	Increased Health Literacy	Engaged Community Response
	Behavior Change	

need to improve general health conditions, and a rating of participant satisfaction.

**Integration of qualitative insights with statistical analysis**

The resulting image that is based on a mix of qualitative observations and statistical analysis examined how pharmaceutical outreach initiatives were integrated into the healthcare of underprivileged communities throughout Europe. In addition to providing data in the form of statistics, the qualitative results provided depth, disclosed participants’ concerns, and engaged people by advising them on their needs.

The integration and synthesis of qualitative and quantitative data used to evaluate European pharmaceutical outreach initiatives allowed us to determine the consequences of their implementation on medication inequality and the health of disadvantaged persons in Europe. The multidisciplinary team built on integrated and articulated ways to promote community awareness and reduce inequities, allowing for a more in-depth examination of the many variables influencing healthcare access and results.

**Discussion**

The findings align qualitatively with earlier research on healthcare inequities in Europe. Recent studies have shown that individuals living in poverty face numerous challenges in accessing healthcare, including financial restrictions, language and cultural difficulties, restrictive ad-

ministrative regulations, age-related concerns, and geographical limitations [14]. By combining qualitative data with existing research, we gained a deeper understanding of the complex factors contributing to healthcare inequality, providing better perspectives on the disadvantaged segments of society. Data narratives highlight the scope and functionality of pharmaceutical outreach activities, and the compassionate viewpoints of underserved local communities run parallel to these findings [15]. Quantitative information, such as how outreach initiatives aid the economically disadvantaged and the degree of satisfaction they achieve, exemplifies inclusive outcomes. This comprehensive approach ensures more reliable findings, offering a holistic view of how outreach affects healthcare access and outcomes.

The current survey can serve as a basis for various policy recommendations, merits, and future research directions. Policies should focus on removing administrative barriers, addressing linguistic and cultural issues, and alleviating financial constraints among underprivileged groups. Establishing culturally diverse practices, along with language support and community-based outreach activities, is crucial for tackling healthcare inaccessibility [16]. The effectiveness of interactive pharmaceutical outreach initiatives is evident, and future studies should concentrate on the implementation and sustainability of such efforts [17]. However, the approach’s biases and potential limitations must

**Table 4** Integration of Qualitative and Quantitative Insights

Theme/Initiative	Qualitative Insights	Quantitative Data
<b>Financial Barriers</b>	Participants expressed challenges in affording healthcare services due to financial constraints.	The number of individuals reached by outreach initiatives.
<b>Language and Cultural Barriers</b>	Language barriers and cultural differences hindered communication and access to culturally competent care.	Participant satisfaction levels with outreach services.
<b>Community Pharmacy Programs</b>	High satisfaction levels among participants with medication counseling and health education services.	Improved medication adherence rates and reduced hospital admissions among program participants.
<b>Mobile Health Clinics</b>	Positive feedback and engaged community response to mobile health clinics.	Increased access to care and improved health screenings among clinic attendees.

be carefully considered. Possible drawbacks include social desirability bias in participant responses and sampling bias, meaning survey findings may not accurately reflect all vulnerable individuals. Researchers' worldviews and biases could also lead to misdirected data processing and interpretation, resulting in a misunderstanding of qualitative data. To overcome these obstacles, it is essential to employ robust sampling methods and use multiple data sources to ensure that findings are reliable and generalizable [18].

## Conclusion

The analysis of descriptive statistics and qualitative data provides critical insights into participants' perspectives, project-related experiences, and the effectiveness of pharmaceutical outreach programs in addressing healthcare disparities among at-risk groups in Europe. The qualitative study identified numerous constraints, including financial restrictions, linguistic and cultural barriers, administrative challenges, age-related difficulties, and geographical limitations. The descriptive data demonstrated the extent to which outreach initiatives have improved healthcare access, outcomes, and utilization. Combining qualitative and quantitative data leads to the conclusion that targeted interventions are essential for achieving health equity. Healthcare inequalities among disadvantaged groups are social issues that require thorough examination through a mix of qualitative and quantitative methods. Descriptive statistics provide a comprehensive overview, illustrating the reach and impact of targeted initiatives with measured data. Qualitative data add context and depth, reflecting the lives, perspectives, and nuances of the affected populations. The integration of these methodologies is crucial as it allows researchers to validate findings, identify patterns, and employ data triangulation techniques. This comprehensive approach helps to build stronger arguments and establish evidence-based policies and initiatives aimed at reducing healthcare disparities and promoting health equity among vulnerable populations in Europe.

## Recommendations

The ultimate goal of government-implemented healthcare outreach initiatives for underprivileged groups should be to ensure that every indi-

vidual has an equal chance to receive treatment. It is crucial to ensure that every penny of public funds is directed towards achieving this desired outcome [19]. Participation in health translation and cultural competence training programs may help in developing a healthcare delivery system that can better meet the cultural and linguistic demands of its patients. The traditional paradigm of developing programs to assist disadvantaged populations is inadequate. Therefore, stakeholders should develop integrated partnerships to provide comprehensive healthcare that considers socioeconomic factors [19].

It is essential to ensure that individuals at risk can access competent healthcare in their communities through outreach initiatives tailored to their needs and preferences. Disease management and mobile health application programs should be viewed as analytical tools that enhance access to healthcare services and encompass a wide range of outreach activities. Closer collaboration among pharmacists, community organizations, and healthcare professionals would greatly benefit at-risk populations by ensuring service continuity and rapid but secure information transmission [20]. Stringent assessment and monitoring procedures, such as recording key performance indicators (KPIs) and monitoring visitor and participant satisfaction, should be implemented to assess the effectiveness of outreach campaigns.

Policymakers, healthcare professionals, businesses, and various other stakeholders in Europe should enhance pharmaceutical outreach programs in regions with high health disparities and aim to achieve health equity through the approaches and tactics outlined here [21]. However, outreach activities must be inclusive, easily accessible, and sustainable in the long term [22, 23]; otherwise, they cannot be considered as meeting the needs of people in disadvantaged areas.

## References

1. THOMAS B (2021) *Health and health care disparities: The effect of social and environmental factors on individual and population health*. International Journal of Environmental Research and Public Health, 11, 7492-7507. <https://doi.org/10.3390/ijerph110707492>.

2. MANUEL J (2021) *Racial/ethnic and gender disparities in health care use and access*. Health Services Research. Advance online publication. <https://doi.org/10.1111/1475-6773.12705>.
3. CHANGAEE A, RENGER F (2022) *Targeted Measures in Personnel Management for Regional Branch Pharmacy Structures against the Background of Demographic Change and the Shortage of Skilled Workers*. In: *Acta Chemo-Therapeutica*, 2022, Rocnik 31, Vol. 3-4, pp. 10-17, ISSN: 1335-0579.
4. WALL N, FULLER R, MORCOS A, DE LEON M (2023) *Pancreatic Cancer Health Disparity: Pharmacologic Anthropology*. *Cancers*, 15, 5070. <https://doi.org/10.3390/cancers15205070>.
5. CHERNEV M, YU-ISENBERG K, SOKOL M, ROSEN A, FENDRICK A (2023) *Effects of increased patient cost sharing on socio-economic disparities in health care*.
6. HORGAN D, SPANIC T, APOSTOLIDES K, CURIGLIANO G, CHOROSTOVSKA-WYNIMKO J, DAUBEN H-P, ... LOPPERT R (2022) *Towards better pharmaceutical provision in Europe—Who decides the future?* *Healthcare*, 10, 1594. <https://doi.org/10.3390/healthcare10081594>.
7. WENGER L, ROSENTHAL M, SHARPE J, WAITE N (2021) *Confronting inequities: A scoping review of the literature on pharmacist practice and health-related disparities*. *Research in Social and Administrative Pharmacy*, 12. <https://doi.org/10.1016/j.sapharm.2015.05.011>.
8. MOSSIALOS E, MRAZEK M, WALLEY T (2021) *Regulating Pharmaceuticals in Europe: Striving for Efficiency, Equity, and Quality*.
9. ELGEED H, NAVTI P, AWAISU A (2023) *Community health outreach services: Focus on pharmacy-based outreach programs in low- to middle-income countries*.
10. LOBLOVA O, CSANADI M, OZIERANSKI P, KALO Z, KING L, MCKEE M (2022) *Alternative access schemes for pharmaceuticals in Europe: Towards an emerging typology*. *Health Policy*, 123, 630-634. <https://doi.org/10.1016/j.healthpol.2019.05.012>.
11. BROWN B, HEATON P, WALL A (2023) *A service-learning elective to promote enhanced understanding of civic, cultural, and social issues and health disparities in pharmacy*. *American Journal of Pharmaceutical Education*, 71, 9. <https://doi.org/10.5688/aj710109>.
12. CUTILLI C, SIMKO L, COLBERT A, BENNETT I (2021) *Health literacy, health disparities, and sources of health information in U.S. older adults*. *Orthopaedic Nursing*, 37, 54-65. <https://doi.org/10.1097/NOR.0000000000000418>.
13. GONIEWICZ K, KHORRAM-MANESH A, BURKLE F, HERTELENDY A, GONIEWICZ M (2023) *The European Union's post-pandemic strategies for public health, economic recovery, and social resilience*. *Global Transitions*, 5, 201-209. <https://doi.org/10.1016/j.glt.2023.10.003>.
14. ASAD A I, POPESCO B (2022) *Contemporary challenges in the European pharmaceutical industry: A systematic literature review*. *Measuring Business Excellence*, 27. <https://doi.org/10.1108/MBE-09-2021-0112>.
15. STIRBU I (2021) *Inequalities in health, does health care matter? Social inequalities in mortality in Europe, with a special focus on the role of the health care system*. *Biochimica Et Biophysica Acta (BBA) - Lipids and Lipid Metabolism*.
16. CORK T, WHITE S (2022) *Exploring community pharmacists' use of health literacy interventions in their everyday practice*. *Research in Social and Administrative Pharmacy*, 18. <https://doi.org/10.1016/j.sapharm.2022.06.007>.
17. PALMER R, ISMOND D, RODRIQUEZ E, KAUFMAN J (2021) *Social determinants of health: Future directions for health disparities research*. *American Journal of Public Health*, 109, S70-S71. <https://doi.org/10.2105/AJPH.2019.304964>.
18. NIEMUTH R, RENGER F (2022) *Decisive Factors in Human Capital Management for Gaining Employees in the Health Care Centre*. In: *Acta Chemo-Therapeutica*, 2022, Rocnik 31, Vol. 3-4, pp. 68-74, ISSN: 1335-0579.
19. KUMPUNEN S, WEBB E, PERMANAND G, ZHELEZNYAKNOV E, EDWARDS N, VAN GINNEKEN E, JAKAB M (2021) *Transformations in the landscape of primary health care during COVID-19: Themes*

- from the European region. *Health Policy*, 126. <https://doi.org/10.1016/j.healthpol.2021.08.002>.
20. RENGER F, STEINECKER M, CZIRFUSZ A (2023) *Economic Impact Of Covid-19 In Hospitals In Germany.*, In: *Journal of Clinical Nursing & Reports*, Vol. 2, 2023, 1, pp. 01-06, Science Set - Open Access Publishers: [https://mkscienceset.com/journal\\_view.php?link=journalof-clinical-nursing-reports](https://mkscienceset.com/journal_view.php?link=journalof-clinical-nursing-reports).
  21. LATIF A, MANDANE B, ALI A, GHUMRA S, GULZAR N (2023) *A qualitative exploration to understand access to pharmacy medication reviews: Views from marginalized patient groups.* *Pharmacy*, 8, 73. <https://doi.org/10.3390/pharmacy8020073>.
  22. LATIF A, WARING J, POLLOK K, SOLOMON J, GULZAR N, CHOUDHARY S, ANDERSON C (2023) *Towards equity: A qualitative exploration of the implementation and impact of a digital educational intervention for pharmacy professionals in England.* *International Journal for Equity in Health*, 18. <https://doi.org/10.1186/s12939-019-1069-0>.
  23. MIL J, SCHULZ M, TROMPT (2022) *Pharmaceutical care, European developments in concepts, implementation, teaching, and research: A review.* *Pharmacy World & Science*, 26, 303-311. <https://doi.org/10.1007/s11096-004-2849-0>.

# The Digital Transformation of Pharmacy Services in Germany

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## Abstract:

The digitalization of retail pharmacy services in Germany has led to a profound change in the pharmaceutical market that is propelled by factors like an aging population, a need to obtain prescription medications, and government regulations that are meant to make the market more efficient. Online pharmacies are quickly expanding, and major players like Doc Morris and Shop-Apotheke Europe are taking their businesses online. The German regulatory system guarantees quality and patient safety, which are managed through the regulation of licensing and operations defined in accordance with given standards. Digital pharmacies have several advantages like accessibility, convenience, and cost savings, but they also have some issues, such as data protection and regulatory compliance. They are creating new realities for conventional pharmacies and forcing them to adopt to the changing environment by having an on-line presence and adopting technological advancements. The future of digital pharmacies is driven by advanced technology

like artificial intelligence and the application of blockchain, and the cooperation of digital and traditional pharmacies can improve patient care. Policy interventions must be in place to facilitate innovation and training in the digital pharmacy sphere to make it a contributing force to healthcare sector development.

## Introduction

The emergence of digital retail pharmacy services in Germany has led to a dramatic transformation of German's retail pharmacy market [1]. Germany's pharmaceutical retail market is forecast to grow from \$38.01 billion in 2022 to \$56.59 billion by 2030, and this compound annual growth rate (CAGR) is projected to be 5.1% during the forecast period of 2022-2030 [2]. This expansion boils down to several reasons, namely the aging population, the increased demand for prescription drugs, and governmental regulations. There is a high degree of industry consolidation as several large players control the entire market, for example, Rossmann, dm-Grocery Store, and Müller.

These players are in the process of making adjustments by providing online pharmacy services, which are becoming more and more common for consumers. According to Zalke (2023) [2], the German government has policies that have been put in place to reduce costs and make the healthcare system more efficient, such as price-reference mechanisms aimed at curbing the cost of some medical supplies and the use of generic drugs to promote efficiency. In addition, the market is also confronted by barriers, such as price controls, regulations, reimbursement policies, and competition from foreign and online pharmacies [3]. Conclusively, the introduction of digital pharmacy services has brought about dynamic changes to the way the German retail pharmacists operate and will have a positive effect on the future growth of the market.

The medication market's fast digitalization is a critical matter, and innovations are being introduced regarding patient care, data analysis, and drug development. Incorporating technology allows the provision of detailed healthcare through precision medications and data compilation. Patient readiness to interact with digital health devices, including personalized medication patches, contributes to accurate tracking and real-time metrics collection for health con-

ditions [4]. In addition, digitally enabled virtual care greatly increases the availability of medical services, meaning that patients never have to wait long for urgent treatment, as is the case with traditional healthcare systems. Moreover, technology brings forth regulatory simplicity because monitoring and reporting functions are done almost completely electronically; hence, consumer protection and data security are facilitated [4]. Finally, this paper will explore how digitalization is reshaping the pharmaceutical industry, emphasizing its benefits and future potential for innovation and personalized care.

## Digital Pharmacies in Germany: An Overview

Online pharmacies in Germany have become a fast-growing market, and revenues are expected to reach €2.27 billion in 2024, reaching an annual growth rate of 8.36% in 2028 [5]. This growth is driven by certain factors, and the opportunity to buy meds online seems to be one of the most attractive sources for modern people, as it allows them to filter through the wide range of available products. Additionally, medicine verification apps continue to become more popular, giving people the chance to get extra information [5]. Germany possesses a strong healthcare system as well as a high-tech population that has spurred the boom of online pharmacies. Germans put their trust in licensed and reliable platforms because the standards of quality and governmental regulations in their nation's healthcare sector are among the strictest in the world. Furthermore, the country's proven strong economy and the well-advanced, digital infrastructure in Germany strengthen the growth of online pharmacy websites, enabling these platforms to reach potential customers in a large volume.

The digital pharmacy sector in Germany is represented by various key players and stakeholders that have a significant impact on the development of the market [6]. Some major players in the online pharmacy arena include



pharmacies that have grown their offline operations to online platforms, such as DocMorris and Shop-Apotheke Europe [7]. Larger businesses have established brands and a high level of relational networking, which have helped them to gain a large customer base. Moreover, there are a number of new players entering and using technology, as well as start-ups providing innovative solutions covering medication, delivery, and health services [8]. The digital pharmacy industry has other relevant stakeholders, such as regulatory bodies, healthcare facilities, and technology companies that provide the infrastructure and offer the support required for an online pharmacy to properly operate and observe all the required laws and regulations. All in all, they are the players and contributors that make possible the protean growth and progress of the digital pharma sector in Germany by introducing innovations and increasing access to healthcare [6].

The regulatory framework imposed upon digital pharmacies in Germany is tough, as it is there to safeguard the quality of drugs and protect consumers. The most important regulatory authorities that supervise digital pharmacies are the Federal Institute for Drugs and Medical Devices (BfArM) and the Federal Joint Committee (G-BA) [9]. Such organizations determine what pharmacies are licensed and what other standards pharmacy operations are subject to, such as quality control indicators and data protection issues. Schulz et al. [10] denotes that digital pharmacies are bound to the German Pharmacies Act (ApBetrO), which is the body of legislation that governs the supply and distribution of pharmaceutical products. The implementation of these legal regulations is essential in order for online pharmacies to operate legally in Germany and to earn consumer confidence.

### **Advantages of Digital Pharmacies**

Digital pharmacies have numerous advantages that include inexpensive access to drugs, improved convenience, and effectiveness in the healthcare industry. One crucial advantage is that they allow medicine and pharmaceutical products to become more accessible to people. Digital pharmacies allow consumers to purchase medicines on the internet and reduce the necessity of going to a physical pharmacy [11]. This especially helps people with mobility problems,

those in remote areas, and even those who simply have a busy schedule and it's difficult for them to visit a pharmacy during opening hours. Digital pharmacies have become a way that patients can order online and get their prescription drugs delivered, ultimately giving patients hassle-free access to their medications.

The other advantage of digital pharmacies is the fact that they save customers time and give them convenience [12]. Digital pharmacies have made healthcare more straightforward as people can order medications from their smartphones or computers while they are at home or on the go. This makes it possible to bring the pharmacy to the patients without them coming in person to a pharmacy, waiting in line, or giving up their work time to get their prescriptions. Online pharmacies are also very often enriched with automated appointment reminders to deliver your medication on time and prescription tracking; therefore, digitalization remains a big plus for customers and helps avoid missing doses.

Additionally, digital pharmacies could serve to improve cost savings and reduce system inefficiencies in the healthcare system [13]. Online pharmacies have relatively low fixed costs, as they just need access to the Internet and tend to focus on efficient organization. Traditional brick-and-mortar pharmacies have higher costs, as they require physical space and many staff members. This can manifest itself in the form of cheaper prices for medications and other healthcare products, which in turn will help consumers reduce their overall healthcare costs. Moreover, paradigmatic pharmacies can enhance the pharmacy drug procurement process, decreasing the burden of administrative work on care givers and aiding in the quick delivery of medicines to patients. In general, the benefits of online pharmacies are brought about due to medicines being easier to access, the added layer of convenience, and cost-efficient health service for patients.

### **Challenges and Concerns**

When it comes to digital pharmacies for German customers, there are many issues that need to be taken into consideration to guarantee the safety of consumers and compliance with regulation. One major issue could be data protection and privacy problems. Digital platforms are being used more and more to deliver healthcare

services. Hence, there is a need to keep patient information confidential and protect it from data breaches. According to Marcus et al. (2022) [14], digital pharmacies must ensure their compliance with a highly rigid legal framework in Germany related to the confidentiality of private patient information under the General Data Protection Regulation (GDPR) in order to keep personal health information safe from those with unauthorized access.

Additionally, the importance of maintaining quality control and the authenticity of pharmaceutical products that are marketed through e-pharmacies could be another challenge [15]. Germany set up a rigorous system to check the quality of medications sold on the market and their distribution in order to make sure everything is in line with safety standards [16]. Digital pharmacies need to conform to these regulations for these reasons, and they have to gain the necessary approval and certification to be allowed to sell pharmaceutical products online. Establishing the authenticity of medicine is one of the most critical actions taken to stave off the distribution of spurious and low-quality products that could pose severe health risks to consumers.

Regulatory compliance and supervision can also be seen as being among the most relevant problems of digital pharmacies operating in Germany. The pharmaceutical industry is rigidly regulated in Germany, and digital pharmacies are not an exception. They must follow the country's existing laws and regulations, which include licensing, advertising restrictions, and pricing restrictions [17]. Moreover, digital pharmacies will be regularly checked and audited by regulatory bodies to verify whether or not their operations meet the requirements of these regulations. Strict adherence to regulatory requirements is one of the things that digital pharmacies should take into consideration if they want to remain legally operational and gain trust from consumers that their products are good, safe, and reliable.

### **Impact of Digital Pharmacies on Traditional Pharmacies**

The effect digital pharmacies have on conventional pharmacies is substantial and multi-dimensional. Firstly, the market is marked by rising competition and coping with changes in market

dynamics [18]. Now that digital pharmacies offer convenience and accessibility that was only found in brick-and-mortar pharmacies, physical pharmacies have competition from online channels. This competition has prompted conventional pharmacies to re-invent themselves by reconsidering their existing business models and services in order to gain a competitive edge in the market. Furthermore, the dynamic and emerging demands of both consumers and stakeholders are well entrenched. Consumers increasingly expect immediate service, customized offerings, and ease of use, which digital pharmacies meet through web portals and mobile app formats. Traditional pharmacies can no longer delay their adaptation to these changing expectations and must incorporate advancements in modern technology to provide similar options to patients.

Traditional drugstores should adjust to the digital age by leveraging various strategies. First of all, they can improve their online existence by allowing for online orders and delivery services, which will give their customers the option of receiving the drugs with convenience. Furthermore, mainstream pharmacies should invest in digital technologies, for example, automated dispensing systems and electronic health records, to boost efficiency and practicalize the operations. In addition to this, they could offer dedicated services and advice tailored to the needs of different individuals, which might aid in preventing them from being displaced by digital pharmacies. Through the integration of digital technologies and by responding to consumer needs, traditional pharmacies can maintain their position in the digital evolution and provide their communities with remaining services in an effective manner [19].

### **Future Trends and Opportunities**

The future of digital pharmacies is predicted to be influenced by the further development of digital technologies. Innovations of such technologies as artificial intelligence, machine learning, and blockchain are anticipated to be the major drivers for the enhanced efficacy and efficiency of digital pharmacy services. AI can be applied to create individualized medication regimens for patients by utilizing personalized patient data and machine learning algorithms that could reveal general patterns in medication

usage and possible medication interferences [20]. Blockchain technology brings forth an opportunity for pharmaceutical supply chain security and transparency improvement which will, in turn, lower the chances and threat of counterfeit drugs entering the market.

Collaboration between digital and traditional drug stores presents a significant chance to improve patient care. The advancement of digital platforms can be used by traditional pharmacies to increase the number of clients they reach and provide a broader range of services to improve convenience and accessibility [21]. While digital pharmacies can gain from the knowledge and experience of traditional pharmacies in regions where they can implement medication counseling and patient education, traditional pharmacies can also obtain benefits from digital tools. Through teamwork, both types of pharmacies will definitely improve the overall quality of practice and health outcomes of patients.

Policy recommendations can be instrumental in engendering innovation & growth in the digital pharmacy sector, which plays an important role in offering a better quality of life. Policy-makers should consider putting in place a regulatory framework that facilitates the manufacturing and deployment of digital technologies in pharmacy matters [23]. Actions may range from introducing financial bonuses for pharmacies to adopt digital facilities, applying fiscal policies that secure data privacy and confidentiality, and challenging the interoperability of various systems. Moreover, policymakers ought to think through how to support the training and competence of pharmacists to make sure they possess the relevant expertise required to apply these digital technologies in their area of practice effectively [22]. Through deliberate policy interventions to tackle the problems of digital pharmacy services, policymakers will be able to increase the positive impact on healthcare for patients.

## Conclusion

In summary, the study proves that the implementation of Digital Medication Review Tools (DMRTs) had a positive impact on the performance of students in conducting medication reviews. The study explores the DMRT's capacity to strengthen the range of communication skills provided, including both the subjective and ob-

jective data analyses and planning outcomes. In addition to that, the students displayed a preference to use DMRTs and therefore had higher confidence in their skills. This evidence demonstrates the value of including these clinical rotations within pharmacy training programs to develop the necessary competencies for students to be successful upon their graduation.

The prospects for the future of digital pharmacies in Germany seems to be bright, and this is attributed to the fact that technologies and the health system have recently been developing and changing. It is anticipated that the insertion of digital products and technology into pharmacy will revolutionize the practice of pharmacy by providing greater convenience, accessibility, and efficiency. Since digital and traditional pharmacies are the attainers and repositories, collaborations between them will be what enhances digitalization and improves the healthcare of patients. Pharmaceutical industry actors should be open to innovation and engage in digital infrastructure establishment, education, and vocational preparation in order to address the above opportunities.

The digital pharmacy sector needs active intervention from pharmaceutical stakeholders to realize its full potential. This involves implementing laws that enable digital penetration, cultivate collaboration between digital and traditional pharmacies, and allocate resources to ongoing training and upskilling pharmacists. Through joint action and digital innovations, all stakeholders will be able to contribute to the increased quality of pharmaceutical care and improved patient outcome while keeping the system efficient.

## References

1. RENGER F, NIEMUTH R (2023) *Study of Job Satisfaction in Pharmacists and Competing Professional Fields on the Basis of the Kafa Method.*, In: *Journal of Nursing and Midwifery Research*, Vol. 2, 1, pp. 1-7.
2. ZALKE S (6 Jun 2023) Insights10. *Germany Retail Pharmacy Market Analysis Report 2022 to 2030*. <https://www.insights10.com/report/germany-retail-pharmacy-market-analysis/>.
3. CHANGAEE A, RENGER F (2022) *Targeted Measures in Personnel Management for Regional Branch Pharmacy Structures*

- against the Background of Demographic Change and the Shortage of Skilled Workers*, In: Acta Chemo-Therapeutica, 2022, Rocnik 31, Vol. 3-4, pp. 10-17, ISSN: 1335-0579.
4. MIDENA M (21 Jul 2023) Pharmaphorum. *Digital transformation in pharma: The importance of digitalisation*. <https://pharmaphorum.com/digital/digital-transformation-pharma-importance-digitalisation>.
  5. STATISTA (2024) *Online Pharmacy - Germany | Statista market forecast*. <https://fr.statista.com/outlook/hmo/digital-health/digital-treatment-care/digital-care-management/online-pharmacy/germany>.
  6. RENGER F, CZIRFUSZ A (2022) *Aspects of the Level of Digitisation in Medical Care in Germany: Developing of a Typology*, In: Clinical Social Work and Health Intervention, 13 (2022) 5, 26-31, ISSN - 2222-386X.
  7. N A, REDCARE PHARMACY (2023) N T, <https://www.redcare-pharmacy.com/newsroom/press-releases/shop-apotheke-europe-launches-its-own-marketplace>.
  8. PAKURA S, RUDELLOF C (2023) *How entrepreneurs build brands and reputation with social media PR: empirical insights from start-ups in Germany*. Journal of Small Business & Entrepreneurship, 35(2), pp.153-180.
  9. KRAMER I, GOELZ R, GILLE C, HARTTEL C, MULLER R, ORLIKOVSKY T, PIENING B, SCHUBERT S, SIMON A, WOLF K, ROSNER B (2023) *Good handling practice of parenterally administered medicines in neonatal intensive care units—position paper of an interdisciplinary working group*. GMS Hygiene and Infection Control, 18.
  10. SCHULZ M, GRIESE-MAMMEN N, MULLER U (2022) *'Clinical pharmacy services are reimbursed in Germany: challenges of real-world implementation remain'*, International Journal of Clinical Pharmacy, 45(1), pp. 245–249. <https://doi.org/10.1007/s11096-022-01492-7>.
  11. TRENFIELD S J, AWAD A, MCCOUBREY L E, ELBADAWI M, GOYANES A, GAISFORD S, BASIT A W (2022) *Advancing pharmacy and healthcare with virtual digital technologies*. Advanced Drug Delivery Reviews, 182, p.11409.
  12. LIEBENSPACHER F, SIEGFRIED P (2022) *Pharmacy 4.0—The Potential of Integrating Digital Technologies into Daily Healthcare Processes at Pharmacies*. Timisoara Med, 2022(2), pp.0-0.
  13. PARK T, MUZUMDAR J, KIM H (2022) *Digital health interventions by clinical pharmacists: a systematic review*. International Journal of Environmental Research and Public Health, 19(1), p.532.
  14. MARCUS J S, MARTENS B, CARUGATI C, BUCHER A, GODLOVICH I (2022) *The european health data space. IPOL| policy department for economic, scientific and quality of life policies*, European Parliament Policy Department studies.
  15. DCRUZ A C, MOKASHI V N, PAI S R, SREEDHAR D (2022) *The rise of E-pharmacy in India: Benefits, challenges, and the road ahead*. Indian Journal of Pharmacology, 54(4), pp.282-291.
  16. CHOUDHURY A, SINGH P A, BAJWA N, DASH S, BISHT P (2023) *Pharmacovigilance of herbal medicines: Concerns and future prospects*. Journal of Ethnopharmacology, p.116383.
  17. N A, CMS (15 Sept 2022) *Pharmaceutical & medical device advertising regulation in Germany* (no date). <https://cms.law/en/int/expert-guides/cms-expert-guide-to-advertising-of-medicines-and-medical-devices/germany>.
  18. DABIDIAN A et al. (2023) *'Impact of a digital tool on pharmacy students' ability to perform medication reviews: a randomized controlled trial'*, Healthcare, 11(13), p. 1968. <https://doi.org/10.3390/healthcare11131968>.
  19. THEKKOTTE R (2022) *Enabler toward successful implementation of Quality 4.0 in digital transformation era: a comprehensive review and future research agenda*. International Journal of Quality & Reliability Management, 39(6), pp.1368-1384.
  20. DARA S, DHAMERCHERLA S, JADAV S S, BABU C M, AHSAN M J (2022) *Machine learning in drug discovery: a review*. Artificial Intelligence Review, 55(3), pp.1947-1999.
  21. HALEEM A, JAVAID M, SINGH R P, SUMAN R (2022) *Medical 4.0 technologies for healthcare: Features, capabilities, and*

- applications*. Internet of Things and Cyber-Physical Systems, 2, pp.12-30.
22. DE OLIVEIRA SANTOS SILVA R et al. (2022) '*Digital pharmacists: the new wave in pharmacy practice and education*', International Journal of Clinical Pharmacy, 44(3), pp. 775–780. <https://doi.org/10.1007/s11096-021-01365-5>.
23. CHOI T M, KUMAR S, YUE X, CHAN H L (2022) *Disruptive technologies and operations management in the Industry 4.0 era and beyond*. Production and Operations Management, 31(1), pp.9-31.

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