Hospital Dentist Practice in Perception of the Multiprofessional Health Team of a Reference Center in Oncology - Recife, Pernambuco, Brazil

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ABSTRACT

Introduction: The hospital dentist practice is necessary for the integral attention to the hospitalized patient, contributes to the infection control and quality of care. Objective: to verify the perception of the multiprofessional health team of a Reference Center in Pediatric and Adult Hospital Oncology, about the dental practice in the care of hospitalized patients. Methodology: Prospective cross-sectional study conducted at the Reference Center for Pediatric and Adult Hospital Oncology, from May to September 2019, through the application of a semi-structured questionnaire, Recife, Pernambuco, Brazil. Used Excel 2010 and statistical analysis, Pearson’s chi-square and Fisher’s exact tests were used, considering p ≤ 0.05. Results: a sample of 152 health professionals, of which 88.8% are female, 51.3% nursing, predominant age group between 40 and 69 years (60.6%) and 57.2% of professionals work in the Adult Hospital Oncology Center. In this study, 99.3% of the samples report being important or a dentist following and treating patients’ oral problems and 98% reported as oral diseases that can affect the patient’s overall health. Still 64.4% claim to be important or follow up before, during and after antineoplastic therapies. In turn, 48% of the sample studied integration with a dental team as good, revealing the best members of the pediatric sector (p = 0.020). Conclusion: It is important for the dentist to be part of a team, providing assistance before, during and after antineoplastic therapies; It is necessary the performance of the dentist for the maintenance of oral health, because it is understood that oral health impacts on the restoration of general health. Further studies should be conducted with the importance of the theme addressed.

Keywords: Oral Health. Oncology. Odontology. Hospital Dental Staff. Multiprofessional Team

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INTRODUCTION

In Brazil, dentistry is traditionally performed in private offices or in public health units. Hospital care is limited to the care of patients traumatized in the face, or with indications for treatment under general anesthesia, conducted by oral-maxillofacial surgeons. This scenario, however, has been changing over the years, with the performance of the qualified dental surgeon in hospital care. Its role does not overlap with that of the maxillofacial surgeon, but it goes beyond that, given the variety of dental procedures that can be offered and that include the diagnosis and treatment of diseases that affect the stomatognathic system, the removal of infectious foci, bleeding prevention, palliative treatments, all aimed at improving the patient's general health condition and feeling of well-being.1,2,3,4.

Over the years, the active search for specializations in the various health areas has led the individual to be evaluated in a fragmented manner. Each professional analyzed and intervened only in their area of activity, not considering the patient fully, with repercussions and joint interactions in the body. In dentistry, the scenario was no different. For many professionals, there was only concern with the patient's oral condition, and overall health was neglected.5,6.

The inclusion of dentistry in the hospital environment was a matter of urgency for the diagnosis and treatment of oral lesions in hospitalized patients; also due to the need to perform dental treatments in patients whose health conditions did not allow them to go to the office; and also to implement preventive measures aimed at preventing the development of oral diseases or the aggravation of pre-existing systemic diseases.7

Over the years and with the advancement of health sciences, dentistry and medicine understood that the separation between general health and oral health could not exist. Thus, dentistry began to experience a new paradigm, in which the dentist acts aiming at the integral care of the patient, understanding that his intervention goes beyond oral needs. Their participation in the multidisciplinary health team becomes a practice, although still not widespread in our country.2

The concept of a multidisciplinary team has been applied at all levels of health in Brazil, from primary care, Family Health Units, to medium and high complexity services, present in hospitals, where there is a degree of interaction between doctors, nurses, nursing technicians, nutritionists and other health professionals. However, it is also in the hospital service, where there is a greater absence of dentist.2,3,6,7.

Thus, this study aimed to verify the perception of the members of the multiprofessional health team of a Hospital Center specialized in Oncology, Recife, Pernambuco, Brazil, about the dental practice in the care of hospitalized patients.

METHODOLOGY

Respecting the principles of autonomy and the norms for research in human beings, it was submitted to the Research Ethics Committee of the University of Pernambuco and approved under no. 3.184.856 This study was conducted at the Oncology Center of the Oswaldo Cruz University Hospital of the University of Pernambuco, located in Recife, Pernambuco, Brazil. Data collection was performed from May to September 2019.

Oncology Specialty Center has the hospital dental care provided by three dental surgeons in the pediatric Oncology Specialty Center 15 years ago and four dental surgeons in the adult Oncology Specialty Center four years ago. The services are performed daily in outpatient clinics, wards and ICUs. It should be noted that in Oncology Specialty Center pediatrics there are 24 beds and in adult Oncology Specialty Center 64 beds. The Oncology Specialty Center Dentistry Service is a field of practice for dental surgeons resident in the Uniprofessional Residency Program in Hospital Dentistry with a
focus on Oncology at the University of Pernambuco and the Multiprofessional Residency Program in Palliative Care. Previously, dental care was performed at the general outpatient clinic of Oswaldo Cruz University Hospital of the University of Pernambuco without specialized cancer care. Participated in the research the professionals who are part of the Multidisciplinary Health Team of the Oncology Center of the University Hospital Oswaldo Cruz, who agreed to participate in the study by signing the Informed Consent Form (ICF), excluding the dentists for being the target of the present study.

To obtain the data, a self-administered, anonymous and standardized questionnaire consisting of 17 questions was used. The first questions aimed to assess the professional's profile (age group, gender, length of work in a hospital setting, time spent in oncology). The second part was related to the perception of these professionals about the dental practice in the hospital environment (need for dental surgeon follow-up to treat oral diseases, influence of the presence of the dental surgeon on the patient's recovery, existence of the dental surgeon on the team). and on the influence of oral health on the individual's overall health (importance of patients' oral hygiene, whether oral diseases could affect overall health, whether the patient should be evaluated by the dental team, and how often, if there is improvement in quality). of life of the patient accompanied by the dentist, among others).

The data obtained were tabulated with the aid of Excel 2010 and the results were expressed as tables, with their respective absolute and relative frequencies. In the statistical analysis of categorical variables, the chi-square and Fisher's exact tests were used and the admitted error was 5% (p <0.05).

RESULTS AND DISCUSSION

The final sample consisted of 152 professionals who agreed to participate and effectively answered the applied questionnaire. Eighty-seven of them (57.2%) were from adult Oncology Specialty Center and 65 (42.8%) from pediatric Oncology Specialty Center. Most females (88.8%) and aged 40 to 69 (60.6%). When asked about working time in a hospital environment, 34.9% of the sample answered working for over 20 years. Considering the working time dedicated specifically to oncology, 29.6% of them said they worked in this area between 1 - 5 years. In this study, nursing technicians constituted 51.3% of the total sample.

Regarding the integration of the dental team with the other constituents of the multidisciplinary team, we obtained what is expressed in Table 1.

Table 1- Sample distribution according to the perception of integration of the dental team with other health professionals

<table>
<thead>
<tr>
<th>DENTAL TEAM INTEGRATION</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>73</td>
<td>48.0</td>
</tr>
<tr>
<td>Reasonable</td>
<td>35</td>
<td>23.0</td>
</tr>
<tr>
<td>Bad</td>
<td>13</td>
<td>8.6</td>
</tr>
<tr>
<td>Varies according to the team member</td>
<td>11</td>
<td>7.2</td>
</tr>
<tr>
<td>Unknown</td>
<td>20</td>
<td>13.2</td>
</tr>
</tbody>
</table>

In the item related to the perception of health professionals about the importance of the dentist following and treating the oral problems of hospitalized patients, 99.3% (n = 151) answered affirmatively. Of these, 93.4% (n = 142) believe that the dental surgeon should be part of the
A multiprofessional team and 6.6% (n = 10) believe it is sufficient to engage the dental surgeon when necessary. Most respondents, 98% (n = 149), consider that the presence of the dentistry may influence patient recovery and 59.2% (n = 90) of professionals reported having knowledge about the Oncology Specialty Center dental team.

Regarding the actions that the dental team could develop to improve their service performance, we obtained what is expressed in graph 1.

When asked about the use of advanced technologies such as laser in the routine care of patients, 54% of professionals know the laser service performed by the dental team.

Regarding the oral health of hospitalized patients, 99.3% (n = 151) of the professionals surveyed considered it important to perform the oral hygiene of the inmates and 98.0% (n = 149) stated that oral diseases can affect the overall health of the inpatients. Also, the majority, 98% (n = 149), agreed that during hospitalization the patient should be routinely evaluated by the dental team and that the performance of the dentist would improve the patient’s quality of life, 98.7% (n = 150). Regarding the stages of cancer treatment in the which health professionals believe is important to follow up the dental team, 64.4% expressed that it should be performed before, during and after cancer treatment as can be seen in graph 2.
The perception of health professionals about the integration of the hospital dental team with patients and/or family members was also investigated and the distribution of data is shown in graph 3.

Graph 3 - Sample distribution according to the perception of dental team integration with patients and/or family members.

When the data regarding the perception of the professionals working in the adult oncology specialty center and the pediatric oncology specialty center were separately evaluated, what is expressed in Table 2 was obtained, and a greater relationship between the pediatric Oncology Specialty Center professionals was found (p = 0.020). However, the difference in the number of professionals who made up each of the groups surveyed (adult and pediatric Oncology Specialty Center) should be considered. The adult Oncology Specialty Center dentistry service was created and has been in operation for only four years, with great turnover of nursing team professionals (most of the sample surveyed) in this sector.

It is clear that dental care needs to be expanded, as well as a closer approach between the different health professional categories, as well as in-depth discussions about the meaning of teamwork.

Table 2 - Distribution of the sample according to the perception of the importance of dentist participation in the multidisciplinary team in adult Oncology Specialty Center and pediatric Oncology Specialty Center.

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>Adult Oncology Specialty Center</th>
<th>Pediatric Oncology Specialty Center</th>
<th>Value of p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (%)</td>
<td>No (%)</td>
<td>Indifferent (%)</td>
</tr>
<tr>
<td>Importance of follow-up and treatment by the dentist</td>
<td>100</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Influence of the dentist’s presence on patient recovery</td>
<td>96,7</td>
<td>1,1</td>
<td>1,1</td>
</tr>
<tr>
<td>Influence of the dentist’s performance in improving the patient’s quality of life</td>
<td>97,7</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

* Chi square

The need for the dental surgeon to be part of the multiprofessional health team that serves the patient in a hospital setting is already well established 8,9. In the present study, almost the
entire sample (99.3%) recognized the importance of the dentist following and treating the oral problems of hospitalized patients, a condition also evidenced in other studies conducted in Brazil 10,2.

For most professionals surveyed (93.4%), the dental surgeon should be part of the hospital team, corroborating the findings in the literature11,12,13. In the present study, although almost all of the sample agreed that the presence of the dental surgeon can positively influence the patient’s recovery, improving their quality of life, just over half (59.2%) knew that in the center surveyed, dentist is part of the multiprofessional health team.

When asked about the importance of oral hygiene in hospitalized patients, 99.3% of health professionals in this study pointed out the relevance of this practice. A similar result was evidenced by Amaral et.al 12, observing that all members of their study agreed that oral hygiene of the inpatient was essential. And another study concluded that the dentist’s performance in the hospital environment is necessary for the prevention and maintenance of oral hygiene 14.

Moreover, the literature is unanimous in stating that cancer patients should be examined as soon as their disease is identified, as several studies have shown that some septic episodes in neutropenic patients are related to the oral microbiota and that early dental intervention would decrease the frequency and severity of complications during treatment15,16.

The initial dental evaluation, dental treatment and the establishment of an oral care protocol are determinant factors in the prevention of stomatological alterations during the treatment, being the clinical follow-up of the dentist, with frequent evaluations, essential for the cancer treatment to happen with the lowest complication rate, as shown in the literature 15,16.

The presence of an active dental surgeon in the multidisciplinary team is indispensable, as it will act in the prevention, diagnosis and treatment of oral alterations and also in the control of side effects of antineoplastic therapy, generating improvement in the patient’s quality of life16. It is essential to conduct a careful clinical examination before the beginning of cancer treatment. Inflammatory and infectious processes must be controlled and extinguished and the patient should be advised to adhere to new oral hygiene habits, aiming to keep the mouth in a healthy condition during and after cancer treatment. Fact observed and valued in this study by the multiprofessional health team surveyed.

CONCLUSION

The data from this study allow us to conclude that for the Oncology Specialty Center multiprofessional health team: the integration of the dental surgeon with the multiprofessional health team, as well as with patients, family members and caregivers is good, especially in the pediatric sector.; It is important for the dentist to be part of the multiprofessional health team, providing assistance before, during and after antineoplastic therapies; the dentist’s work is necessary for the recovery of the hospitalized patient; Maintaining oral health is important for restoring the overall health of the hospitalized individual.

However, this study included only the cancer sector of a single hospital center. Thus, further research should be conducted with a larger number of health professionals, distributed in different hospitals and in different areas of expertise in patient care so that the gaps regarding the performance of the dentist in the hospital environment are identified and actions can be taken be implemented with a view to comprehensive patient care.

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