

# Dentistry Website Analysis: An Overview of the Content of Formulated Questions and Answers

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## Abstract

**Background:** Analyzing the online medical questions and answer can be considered as a valuable tool for better comprehending mutual contractions between the patients and the caregivers in an online environment. Therefore, this study aimed to analyze the content of questions and answers posted on dentistry websites.

**Methods:** A mixed-method study was conducted in 2020. A total of 1182 related questions and answers were included. The data was analyzed quantitatively according to the classification of the questions, main complaints of the subjects and length of the questions and answers using Excel2013. A qualitative content analysis was carried out also for data robustness and triangulation.

**Results:** Of the 1354 questions, 866 of them were categorized into 38 categories according to the main sub-classes of the International Classification of Diseases to Dentistry and Stomatology. Furthermore, the inquiries were allocated to 3 communication styles to present the users` main complaints that included contextual (52.33%), emotional (6.79%) and focal (40.89%) strategies. Results of the qualitative content analysis have led to 6 main themes: seeking the related recommendations of any actions, treatment seeking, information seeking, seeking for causes and reasons, seeking for oral and dental health recommendations and seeking for the dentists` diagnosis or comments.

**Conclusions:** The present study can be used for designing specific customized websites of dentistry and help the website managers for better optimization of the websites. All these interventions can pave the way for developing teleconsulting in dentistry for middle-income countries.

## Background

Oral and dental health is considered a necessary determinant of the community`s public health (1). However, there are inequalities in the provision of oral health services and challenges in access to such facilities (2, 3). Some of these challenges are related to global concerns particularly in middle and low-income countries in which the rural and remote areas face difficulties in access to oral and dental services (4, 5). The aforementioned concerns include a variety of factors such as lack of access to oral and dental health, large costs and unaffordable dentistry services, population increase, aging, workforce migration, insufficient number of dentists and geographical challenges in access to traditional dentistry services.

In such a condition, information and communication technology and the Internet can play a significant role in the delivery of oral and dental health`s service (1). This is in contrast with the recent status where the only way to communicate for answering the oral and dental health-related questions was face to face contact with the dentists (2). It is clear that, right after increasing access to the world wide web and consequently developing the use of online documented information, Internet-oriented chat groups, weblogs, websites, etc., the Internet was likely the first choice of information acquisition and patients are greatly commonly using the Internet to seek response for their health questions (1) .

Online medical consults have become an alternative communication channel that can allow the patients to communicate with professional experts and specialists through the Internet. Such applications are also common for dentistry-related problems that enable the patients to liaise about their oral or dental complications (2).

Content-oriented consultations are among the usual Internet-based consults. In this regard, an email is sent or a message is posted through the websites or pages without any face to face communication (3). It is obvious that the clinician has only access to the information sent by the user and s/he can answer in a textual format (3, 5). Evidence indicates that people could receive real information after online and offline consultations with specialists about their health conditions, sicknesses and even the probable treatments (4). A study, regarding online consultation in oral and maxillofacial surgery, has shown that most of the users have asked online questions about treatment interventions, pharmaceuticals, complications or a particular side effect (6). Riordáin (2009) has also surveyed 180 patients (37%) having an online consultation with a dentist about an oral or dental health complication. This is against a study where 177 subjects (34.5%) have sought the information through their families or friends instead (7).

Overall, dental clinics to achieve their clients` satisfaction from Internet-based services need to provide useful information to the patients. This can lead to producing an increasing volume of questions and answers via the Internet (8). Thus, analyzing the patients` questions and the specialists or dentist`s responses can be considered as a valuable tool for better comprehending mutual contractions between the patients and the caregivers in an online environment (9). At the same time, the content analysis of the questions and answers posted via dentistry websites can play an effective and helpful role in designing online user-friendly dentistry consulting services and shed light for policymakers to define new ways of technology-based contracts for the improvement of the community`s health. This study aimed to analyze the content of questions and answers posted on dentistry websites in 2020.

## Methods

This study aimed to analyze the questions and answers posted in the Persian language in the scope of oral and dental health and dentistry in 2020. To reach the questions and answers posted on websites first, a comprehensive search was conducted via Google search engine, the most popular search engine among Iranian users (10), applying the following Persian keywords: "dentistry questions", "question from dentists", "dentistry consultation", "dentistry question and answer", "current dentistry question", "chat with dentist", "oral and dental health question and answer", "current oral and dental health questions", "oral and dental health question and answer", "current oral and dental health questions", "oral and dental health ask and response" and "questions about oral and dental health".

For each keyword, the first 10 pages that were retrieved from the search were included. Each page included 10 results that totalled 100 cases for each keyword. The aforementioned cases were considered if they had a webpage on questions and answers in dentistry, and the page was not duplicated. Finally,  and entered into the study. The retrieved links were then tabulated using Microsoft Excel according

to the keywords. After opening each link and entering the considered webpage, the inclusion and exclusion criteria were applied. Persian webpages which contain *peoplesquestions* and *thedentists* answers were included. Exclusion criteria included the following: webpages with contents different from question and answer, web pages without any questions in their asking and answering pages, webpages with audio questions and answers, web pages with broken links, questions answered by non-dentists and finally the webpages with frequently asked questions page. Thus, 283 web pages were retrieved, and 213 of those were excluded and 71 (dentistry webpages: 63, public health websites: 3, public health website: 1, dentistry legal issues webpage: 1), were included in the study.

## Data collection

To collect data regarding the proposed questions and answers in the included websites, a customized data collection sheet was designed according to the aims of the study. This form contains some demographic information of the seekers/users the same as their age and gender, the content of their questions and the content of the answers presented by the dentists. The data selection process is illustrated in Fig. 1.

## Data analysis

To triangulate the present data and increase the robustness of the results, the combination of qualitative content analysis was carried out together with the quantitative analysis. The process of data analysis is described in further detail as follows:

### Quantitative analysis

Microsoft Excel 2013 was used to describe the data.

The data collection form included 7 items, as follows:

- The identity of the user if available in another word, if the questions were asked by users for themselves or on behalf of someone else.
- The classification of the questions according to the International Classification of Diseases to Dentistry and Stomatology (ICD-DA).
- Strategies of communicating chief complaints.
- Condition of the person in the question was also categorized according to the existence of any underlying diseases, being pregnant or a child, and without any special conditions.
- The content of the questions and the dentists` response.
- The length of the questions and answers. To determine the length of the questions according to the number of the words, the combination of three functions (SUBSTITUTE, LEN, and TRIM) was used in Excel and the exact amounts were calculated.
- The response of the dentists to the users` questions, to assess whether the dentist`s responses have addressed the need of the users.

All the aforementioned items were saved in Excel<sub>2013</sub> and the data was analyzed using descriptive statistics.

### Qualitative analysis

For the qualitative analysis, we used inductive and deductive reasoning as described subsequently. To analyze the content of the questions and identify the aims of the users from asking the questions, a thematic analysis approach was applied following 6 steps (inductive reasoning). We confirm that all methods were performed in accordance with the relevant guidelines of conventional content analysis (11). In the first step, data familiarization occurred by reviewing the data several times. To achieve this purpose, the collected content of the extracted questions was read several times to have an overall idea and to become familiar with the overall content. Then, in the second step, to make the initial codes, the meaningful units were extracted from the original content of the extracted questions. These meaningful units were coded, labeled and adjusted in a table and all the similar meaningful units received the same initial code. In this second step, 1354 questions led to 1569 meaningful units which were assigned to 20 initial codes.

In the third step of thematic analysis, theme seeking, different initial codes were reviewed and categorized into potential themes. After categorizing and merging the coded extracted data, 15 initial themes were found. Then, in the fourth step, the initial themes were revised. This step contains two sub-step of revision of the initial themes at the level of coded extractions and the theme refining. In the latter sub-step, the validity of the themes in relation to the whole data was considered. At the end of the fourth data analysis step, 7 main themes emerged.

The fifth step can be described as theme labeling and definition. With this step, all 7 themes were presented, defined and re-reviewed to obtain the main concept of each of the main themes. Finally, in the last step, the researchers aimed to aggregate the meanings and concepts and present a comprehensive statement of the content of asked questions in dentistry pages.

Like all the other qualitative analysis, to assure the robustness and accuracy of the analysis, Lincoln and Guba`s criteria were applied (12). To achieve the credibility of the data, the researchers allocated the required time for data collection. They also have reached a complete familiarization of the data through continuous reviewing of the whole data several times. Moreover, one of the research team members (PB), an expert in the scope of qualitative research, assessed the whole study protocol, data collection form, the extracted codes and the final themes with no conflict of interest.

To analyze the dentists`answers → users questions, the thematic approach was used as described above. Overall, 1182 meaningful units, with each answer leading to a meaningful unit, were assigned to 10 initial codes. In addition, all the similar meaningful units received the same initial code. Then, different initial codes were reviewed and categorized into potential themes, and different themes were classified into 7 categories. Finally, 5 themes emerged.

The deductive reasoning approach was also used to achieve the "Strategies of communicating chief complaints" item in the data collection form. To achieve this purpose, the content of the questions was read several times. Then, they were classified into three categories, contextual, emotional and focal strategies. In "contextual strategy", the client/patient has used the symbols, signs, examples and details of his/her problem to clarify the situation. In the "focal strategy", the users' questions are related to reality, not personal opinion or emotion or feel. Thus, this strategy is opposite to the previous one. And finally, the statements are generally based on negative emotions including anger, anxiety, depression, hopelessness and bafflement (2).

## Results

To have a comprehensive description of the results, the present quantitative and qualitative findings are mentioned in 6 sections as follows:

### I. The demographic characteristics of the users

Descriptive results show that 388 of the studied users (28.66%) were female whereas 238 users (17.58%) were male, with 728 (53.77%) of the users not mentioning their gender in the webpages. Other descriptive findings also show that the average age of the users was  $27 \pm 12$  with the minimum age of 10 years old and the maximum age of 78 years old. The users' identity is classified into 7 categories according to table 1. The Condition of the person in the question is illustrated in figure 2.

### II. The classification of the questions according to the International Classification of Diseases to Dentistry and Stomatology (ICD-DA)

Table 2 shows the frequency of the questions according to the main categories of ICD-DA. Of the 1354 questions, 866 were categorized into 38 categories according to the main sub-classes of ICD-DA. Four hundred and eighty-eight further questions were not allocated to any of the categories of ICD-DA, thus were categorized as others (non-diagnostic managerial questions).

### III. strategies of communicating chief complaints

Inquiries have used 3 communication styles to present their main complaints including contextual, emotional and focal strategies (2). Table 3 describes the frequency of each of the mentioned strategies.

#### *Contextual strategy:*

One example of using this strategy is presenting below:

"Good morning. I am 19 years old and it is 6 days since my surgery on the **mandibular third molar**. The pain related to the sutures and the surrounding teeth is disappearing and it is even less than the past days. However, I have a sense of toothache in the area of the **mandibular central incisor**. Is it probable that the nerves in this area damaged or irritated? Will the area feel better after removing the sutures? Because I felt a little ache after the surgery and now I think it is increasing". # Question 41.

#### *Focal strategy:*

We can refer to one of the questions in the studied pages as follows:

"What is the difference between Porcelain laminate and **dental composite**? # Question 608".

#### *Emotional strategy:*

A sample of such a question is exemplified as follows:

"Please somebody help me my fore tooth has severe pain and it has not decreased even for a second. A long time ago, it became black and the dentist made it okay but now it is again aching a lot. In these pandemic days, that everywhere is closed. I am going to become mad. I don't know what to do. Please somebody help me!!! # Question 227".

### IV. The status of responding to the questions by the dentists

According to the results of the thematic analysis, the status of dentists' responses to the users' questions was categorized into 5 dimensions (Table 4).

### V. The length of the asked questions

The results show that among 13 dentistry specialties, the overall average of the questions' length was about 41.43 words. The longest average of length was related to "Cleft palate" comparing with the shortest one that was related to "Erythema multiform, unspecified".

### VI. The aim of the users from asking the questions

According to the thematic analysis of the questions' content, the aims of the users asking and registering their questions were categorized into 7 main dimensions (Table 4). The most frequent was related to the category of "treatment seeking" and the less common category was "seeking the related recommendations after dentistry procedure". These are illustrated in Figure 3. Finally, table 5 demonstrates the main 6 themes and the related to the aims of asking subthemes with their frequencies in the analyzed websites.

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## Discussion

The Internet can be used as an effective source of health information. This potentiality can lead to an increase in community health literacy, better patient education, and improved public health. According to the available evidence, patients can benefit from using the Internet to enhance their oral and dental health (13).

Results of this study have emphasized that a variety of Iranian users of different ages and genders have used the potentiality of the Internet to seek their oral and dental information. Results also have shown that the majority of the users who asked the questions (1208 people), were searching for their problems, however, 107 people were parents who asked for their children

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s problem applying sophisticated websites. These results are confirmed by Chiu et al. (2016). According to their study, 84% of the dentistry questions were asked by their clients. Meanwhile, the clarity of the users' identity was considered as an important criterion in online consults (2). Other present results have also confirmed that the users asked the questions for their parents, spouses or relatives other than their children and themselves. Hong et al. (2020) have confirmed that web users may ask health-related questions on behalf of their friends or family members (14).

Results of the study regarding the classification of the questions according to ICD-DA, have led to 39 main categories where most of the questions were categorized into: complications of procedures, not elsewhere classified, other diseases of hard tissues of teeth, other disorders of teeth and supporting structures, dentofacial anomalies [including malocclusion] and dental caries. Such results can greatly help the websites  
*mana ≥ rs → designtheirwebsitesa or d ∈ g → therequests and ≠ edsoftheusers. Atthesametime, these restshavefocusedonthesign if ica*  
s oral and dental information (7) and, simultaneously, have developed the risk of misinformation or lack of mutual contraction between the users and the virtual dentists. As a recommendation for the latter situation, it is highly recommended to guide the patients to get accurate and timely information via online health communication or validated websites in the scope of their health needs (15).

Other present results have demonstrated the length of the questions and answers. The item of the question's length is mentioned as one of the effective characteristics in the quality of the question (16). This can be justified as long questions require a lot of time to be read, understood and answered (2). The length of the question can be also affected by the type and severity of complications. For instance, those who suffer from aphthous ulcer or sinusitis tend to give detailed descriptions and expect detailed answers (6). Chiu et al. (2016) have shown the average length of the dentistry questions to be about 172.2 words among consulting websites (2).

Other results about the strategy for communicating chief complaints on the dentistry websites by consultation seekers or inquires have demonstrated that contextual and then the focal strategies are among the patients  
*∫ erestswhi ≤ onlyabout7 % oftheusershavepreferred → usetheemotionalstrategy → asktheirquestions or sendtheir messa ≥ → thedentists*  
viewpoints as a criterion of communication and decision making for the patients. Chiu et al. (2016) have shown that about 76% of the dentistry strategies were related to contextual comparing the only 26% and 12% that were restricted to emotional and focal strategies respectively (2).

The present findings also imply that most of the users aimed to seek a dentistry treatment via searching the websites and posting comments. Searching for causes and reasons, oral and dental health recommendations, and seeking for special dentistry diagnosis, comments and information are among the other purposes of the studied users. Sen et al. (2016) have claimed that, although people may have various purposes in searching the health-related web pages, this process can affect the patients' thinking and lead them to use much more oral health information based on the Internet (17). Similarly, Chiu (2016) has mentioned that the patients have nine different purposes from posting the questions on medical consultation websites. They may seek facts, causes, empathy, advice, diagnosis, emotions, confirmation, explanation or recommendations (2). Some of these aims are similar to those we have found in dentistry questions posted on the related websites. In other words, these various purposes maybe because of the potential tendency of the users for seeking the information before any diagnostic or therapeutic procedure.

At the same time, regarding the purpose of the questions, simply it can be stated that the dentistry and oral and dental health-related information request may appear at any stage of the disease. However, the expected and the received information will likely differ at the different stages of the clinical presentation.

According to the present results, seeking for the treatment, seeking for the information and looking for the experts and dentists' opinion are among three categories that covered most of the proposed questions. In the first category, seeking treatment, 59% of the questions were related to finding treatment solutions for decreasing the pain and problems. This can be supported by the fact that the health information via the Internet can be easily accessed to all the community (18). At the same time, the solutions of online health care are increasingly popular (19). In the user informatics area according to 10 levels of Dr. Ferguson, the first level is related to seeking the information via the Internet, with the possible contact between the users and the clinician occurring at the subsequent stages (20). Furthermore, according to Brockes et al. (2012), in online consulting services about maxillofacial surgery, the users are seeking tediagnosis, cost information, general information about the probable treatments and appropriate specialists (6).

Regarding the dentists' responses to the clients, the present results showed that about 80% of the answers were related to the category of "responding without proposing a physical referral or virtual consult the same as online consults via social networks". A likely reason for the limited usage of social networks for online consults by the dentists in this study can be the lack of knowledge and skill of the dentists in this area. Considering all the above, it seems that virtual relationships between the patients and the dentists can be applicable for different purposes and may lead to various advantages for the patients and the whole community. In this regard the new areas of attention may be opened for policymakers in the area of oral and dental health, among them the dentistry

unmet needs of the community (21), the needs of the less literate part of the population or those less able to afford or access to the Internet should be highly reiterated.

## Conclusion

According to the present results, most of the Iranian users sought dentistry information for themselves via related web pages. Most of their questions were in the categories of complications of procedures, not elsewhere classified other diseases of hard tissues of teeth other disorders of teeth and supporting structures, dentofacial anomalies [including malocclusion] and dental caries. Also, the majority of them used contextual strategy to communicate with the dentists virtually. These results can be used for designing specific customized websites of dentistry with the feasibility of online chat. The users' information needs for diagnosis, recommendations, treatment and interventions based on the main strategies they used to ask their questions and complaints can help these website managers for better optimization of the websites. All these interventions can pave the way for developing teleconsulting in dentistry for middle-income countries, like Iran.

## Abbreviations

ICD-DA: International Classification of Diseases to Dentistry and Stomatology

## Declarations

### Acknowledgements

Not applicable.

### Declarations

The authors declare that they have no competing interests.

### Authors' contributions

FN and MR have contributed in data collection, data analysis and preparing the initial draft of the article, GRF and SE have edited and finalized the article and PB has designed the study and supervised the whole project. MS has designed the study, assisted analysis, interpreted the data and revised the manuscript. The authors read and approved the final manuscript.

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### Ethics approval and consent to participate

This study was approved by the Ethics Committee of Shiraz University of Medical Sciences (ethical code: IR.SUMS.REC.1399.01-6821711). There aren't any participants in this study.

### Consent for publication

Not Applicable.

### Availability of data and materials

Not applicable

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## Tables

**Table 1- The frequency of the users` identity**

Identity disclosure	
	N (%)
children for parents	12 (0.89)
for spouse	4 (0.30)
for relative	4 (0.30)
for self	1208 (89.22)
for sibling	8 (0.59)
parent for children	107 (7.90)
Unknown	11 (0.81)
<b>Total</b>	<b>1354</b>

**Table 2- The frequency of the questions according to the main categories of ICD-DA**

	Categories of ICD-DA	ICD-DA Code	Count of code
1	Complications of procedures, not elsewhere classified	T81	159
2	Other diseases of hard tissues of teeth	K03	95
3	Other disorders of teeth and supporting structures	K08	94
4	Dentofacial anomalies [including malocclusion]	K07	90
5	Dental caries	K02	74
6	Diseases of pulp and periapical tissues	K04	45
7	Gingivitis and periodontal diseases	K05	39
8	Disorders of tooth development and eruption	K00	37
9	Fracture of skull and facial bones	S02	34
10	Other disorders of gingiva and edentulous	K06	33
11	Other symptoms and signs involving the digestive system and abdomen	R19	26
12	Embedded and impacted teeth	K01	22
13	Stomatitis and related lesions	K12	20
14	Other misadventures during surgical and medical care	Y65	17
15	Complications of internal orthopedic prosthetic devices, implants and grafts	T84	10
16	Somatoform disorders	F45	10
17	Diseases of tongue	K14	9
18	Other diseases of lip and oral mucosa	K13	8
19	Anesthetics and therapeutic gases	Y48	5
20	Other and unspecified injuries of head	S09	5
21	Other diseases of jaws	K10	4
22	Cysts of oral region, not elsewhere classified	K09	3
23	Dislocation, sprain and strain of joints and ligaments of head	S03	3
24	Systemic antibiotic	Y40	3
25	Diseases of salivary glands	K11	3
26	Foreign body in alimentary tract	T18	2
27	Unintentional cut, puncture, perforation or hemorrhage during surgical and medical care	Y60	2
28	Open wound of head	S01	2
29	Other general symptoms and signs	R68	2
30	Neoplasm of uncertain or unknown behavior of other and unspecified sites	D48	2
31	Eating disorders	F50	1
32	Herpes viral [herpes simplex] infections	B00	1
33	Acute sinusitis	J01	1
34	Unspecified human immunodeficiency virus [HIV] disease	B24	1
35	Congenital musculoskeletal deformities of head, face, spine and chest	Q67	1
36	Cleft palate	Q35	1
37	Erythema multiform, unspecified	L51	1
38	Acute pharyngitis	J02	1
39	Other		488
	Grand Total		1354

Table3-Strategies of communicating chief complaints

Main strategy	N (%)
Contextual strategy	708 (52.32)
Emotional strategy	92 (6.79)
Focal strategy	554 (40)
<b>Total</b>	<b>1354 (100)</b>

Table-4: Categorization of dentists' answers to user questions

Main category	N (%)
Proposing online consultation and requesting for paraclinical results	37 (3.13)
Proposing physical refer to the dentists or clinics	112 (9.47)
Proposing physical refer to the responsible dentists	78 (6.59)
Answering to the questions with no recommendations	946 (80.03)
Feedback to the vague questions	9(0.76)
Total	1182 (100)

Table 5- The main themes and sub-themes related to the aims of asking

Main and sub-themes	Frequency	%
<b>Seeking the related recommendations of any actions</b>	<b>23</b>	<b>1.47</b>
Eating possibility	7	30.43
Health-caring recommendations	16	69.57
<b>Treatment seeking</b>	<b>453</b>	<b>28.87</b>
The feasibility of a treatment procedure	10	2.21
The necessity of a treatment procedure	9	1.99
Solutions for eliminating the side effects of the procedures	36	7.95
Request for medication prescription	10	2.21
Choosing the treatment procedure	60	13.25
Finding the alternative options for treatment procedures or medicines	21	4.64
Solutions for treatment to decrease pains and problems	267	58.94
Solutions for controlling stress and fear of the dentistry procedures	9	1.99
Obtaining the specialists` opinion about the possibility of treatment with medicines	3	0.66
Obtaining knowledge about the effectiveness of a home remedy	6	1.32
Use or not use of antibiotics	9	1.99
Obtaining information about medicines and their usage	6	1.32
the immediate solutions for problems Finding	7	1.55
<b>Information seeking</b>	<b>282</b>	<b>17.97</b>
Obtaining information about the services provided in the clinics and service provision	41	14.54
Information seeking about the office hours schedule and how to make an appointment	28	9.93
Research and seeking for the appropriate clinics and specialists	16	5.67
Obtaining information about oral diseases	6	2.13
Information seeking about Higher education and the market circumstances	6	2.13
Information seeking about Dentistry procedures costs	145	51.42
Information seeking about Official and legal issues	3	1.06
Information seeking about Insurance coverage	18	6.38
Information seeking about the growth process and structure of teeth	41	14.54
Obtaining information about a process of a treatment, benefits and indication	72	28.02
Obtaining information about the quality of dental materials and supplies in a treatment procedure	18	7.00
The pre-requisites of a dentistry procedure	10	3.89
Obtaining information about the difference between two therapies	16	6.23
Obtaining information about dangers and side effects of a treatment	48	18.68
Seeking for alternative interventions	6	2.33
Seeking information about the range of perceived pain through an intervention	9	3.50
Seeking information about the appropriate average age of an intervention	21	8.17
Seeking information about the durability of an intervention	18	7.00
Seeking information about the an appropriate time for doing a procedure	5	1.95
Seeking information about the duration of a dental procedure	14	5.45
Information seeking about the priority of the therapeutic interventions	11	4.28
Information seeking about the recommendations before a surgery	4	1.56
Information seeking about the probable dangers and side effects of a treatment	5	1.95

Main and sub-themes	Frequency	%
<b>Seeking for causes and reasons</b>	<b>237</b>	<b>15.11</b>
Finding the solutions of the causes of the pains and problems	129	54.43
Finding the causes of pain and the problems after treatment procedures	95	40.08
Finding the cause of problems in tooth eruption	7	2.95
Finding the cases of side effects after brushing	6	2.53
<b>Seeking for oral and dental health recommendations</b>	<b>41</b>	<b>2.61</b>
Ways to promote oral and dental health	19	46.34
, mouthwash, toothpick, information about the performance and usage of tooth brush, tooth paste, dental floss,	22	53.66
<b>Seeking for the dentists diagnosis or comments</b>	<b>276</b>	<b>17.59</b>
Natural or non-natural status of wisdom teeth	1	0.36
Natural or non-natural status of deciduous teeth	2	0.72
Seeking diagnosis	21	7.61
Specialists opinion about the probability of high risk problems	20	7.25
Specialists opinion about the possibility of correction of a problem	40	14.49
Judgement about the procedures have been done by another dentists	25	9.06
Specialists opinion about the necessity of refer to the clinics	8	2.90
Specialists opinion about the probable problems caused by postponing a procedure	14	5.07
Specialists confirmation about the issues related to dentistry procedures	17	6.16
Specialists opinion about the possibility of recurrence of a problem	8	2.90
Specialists opinion about the feasibility of a procedure	54	19.57
Specialists opinion about the feasibility of replacing a procedure with the other	11	3.99
Specialists opinion about the natural or non-natural status after a treatment	13	4.71
Specialists opinion about the natural or non-natural status after a dentistry intervention	11	3.99
Specialists opinion about doing or refusing dentistry actions or using or not using a medicine during pregnancy	26	9.42
Specialists opinion about the possibility of erupting baby teeth	5	1.81
<b>Total</b>	<b>1596</b>	<b>100</b>

## Figures

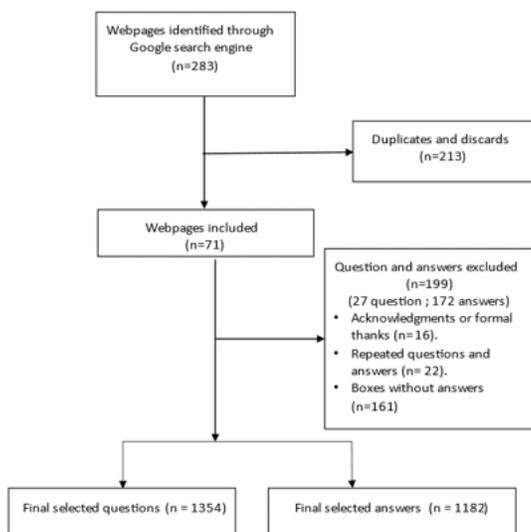


Figure 1

The selection process for the dentistry questions and answers

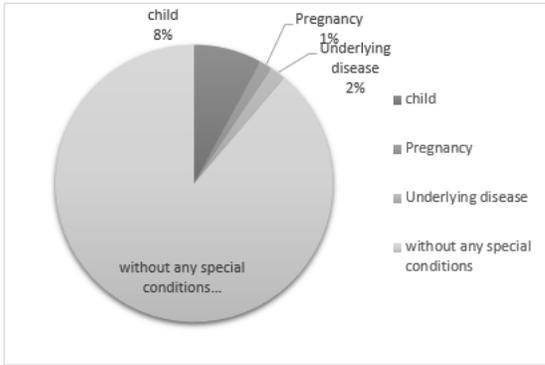


Figure 2

Condition of the person in the question

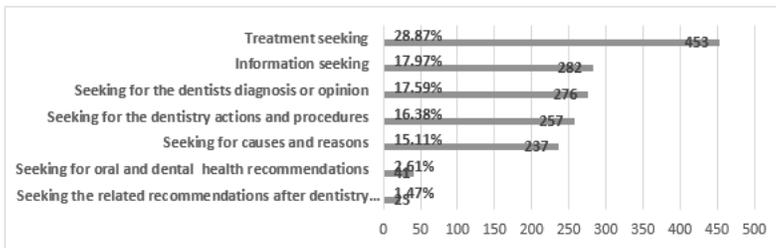


Figure 3

The aim of the users from asking the questions