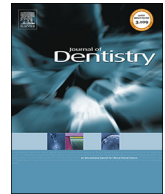


Contents lists available at [ScienceDirect](#)

Journal of Dentistry

journal homepage: www.elsevier.com/locate/jdent

Provision of information to patients on dental implant treatment: Clinicians' perspectives on the current approaches and future strategies

Wafa A. Kashbour^{a,*,1}, Nikki S. Rousseau^b, J. Mark Thomason^a, Janice S. Ellis^a

^a School of Dental Science, Newcastle University, Newcastle Upon Tyne, NE2 4BW, United Kingdom

^b Institute of Health & Society, Newcastle University, Newcastle Upon Tyne, NE2 4AA, United Kingdom

ARTICLE INFO

Keywords:

Dental implant, information provision
Clinician
Patient centred care
Qualitative method

ABSTRACT

Objectives: To explore 1) the approaches that are adopted by clinicians to give patients information in relation to dental implant treatment during clinical consultations; 2) clinicians' reflections on their current practices of implant information provision; and 3) clinicians' suggestions to improve future implant information provision. **Methods:** A qualitative study employing face-to-face semi-structured interviews with eight clinicians working in UK secondary dental care. The data gathering and analysis followed the principles of qualitative thematic analysis.

Results: Clinicians reported that patients often hold misconceptions about dental implants, which are commonly acquired from generic information sources such as the media. This might be linked to high expectations regarding treatment outcomes and difficulties in communicating during clinical consultations. Clinicians were sometimes reluctant to voluntarily offer information about the longevity/ lifespan of implant supported restoration (ISR) and they had different opinions regarding the timing of information related to their long-term maintenance needs. Several strategies for improving the current practice of information giving in relation to dental implant treatment were suggested by clinicians.

Conclusion: Providing accurate and timely information to patients could be challenging, although clinicians recognised the importance of doing so. As clinicians explained and debated their current approaches and reflected on their practices, they identified areas of potential improvement and ways to improve information provision related to dental implants. These were mainly focused on transforming patient care so that there is efficient co-operative alliance between patients and dental care providers. Considering upgrading information provision throughout the implant treatment pathway would transform this aspect of healthcare to make it more "patient-centred" than it is currently.

1. Introduction

With the current technological advances, dental implant treatment has made long-term tooth replacement a reality provided that they are utilised and maintained adequately. Consequently, the provision of dental implants has increased substantially during the last decade with clinicians becoming increasingly interested in providing implant treatment [1]. This has been accompanied by an increase in patients' motivation to have dentals implant as a type of tooth substitute [2–4]. The widespread take-up of implant treatment in the UK is associated with an increasing number of patient complaints relating to dissatisfaction with treatment outcomes and patients' unawareness of

implant treatment complications [5].

In general, patients' understanding of implant treatment has been reported to be insufficient in relation to some aspects of implant treatment outcomes [4,6,7]. The provision of information to patients regarding a treatment is a vital stage of treatment planning, and clinicians are ethically obliged to obtain patients' informed consent to treatment. It is their responsibility to ensure that patients are well-informed about the treatment before treatment is commenced [5].

Clinicians communicate information with patients in a variety of ways: verbally and/ or in writing in the form of leaflets. However, patients may be exposed to other information sources through electronic media, which is often misleading and inaccurately presented

* Corresponding author.

E-mail addresses: wafa.kashbour@manchester.ac.uk (W.A. Kashbour), Nikki.rousseau@newcastle.ac.uk (N.S. Rousseau), j.m.thomason@newcastle.ac.uk (J.M. Thomason), Janice.ellis@newcastle.ac.uk (J.S. Ellis).

¹ Current address: Division of Dentistry, Faculty of Biology, Medicine and Health, University Of Manchester, J.R. Moore Building, Oxford Road, Manchester, M13 9PL, United Kingdom.

<https://doi.org/10.1016/j.jdent.2018.07.002>

Received 12 February 2018; Received in revised form 3 July 2018; Accepted 4 July 2018

0300-5712/ © 2018 Elsevier Ltd. All rights reserved.

[7,8]. A previous exploratory study suggested that while clinical sources of information were trusted by patients they were sometimes insufficient to address patients' interests, curiosity and concerns [9]. Aspects concerning the longevity, functional capability, hygiene practice and long term maintenance of implant supported restoration (ISR) have been questioned by patients and may require greater facilitation [9,10].

Clinicians' views on clinical communication and patients' education are valuable and exploring this aspect of practice can allow for identifying areas of difficulties and suggesting strategies for future improvements in care. Therefore, the goal of this study is to investigate: 1) the approaches that are adopted by clinicians to give patients information in relation to dental implant treatment during clinical consultations; 2) clinicians' reflections on their current practice of implant information provision; and 3) clinicians' suggestions to improve future implant information provision.

2. Methods

This study was conducted at a secondary care unit within the UK National Health Service (NHS), where dental implant treatment is provided at no cost to patients but is limited by certain predefined conditions. Treatment decision-making is informed by the guidance of the Royal College of Dental Surgery in England in regard to implant provision in secondary dental care [11,12]. This study received a favourable ethical opinion from the UK Health and Research Authority, NRES Committee London; Stanmore Ethics Committee (13/LO/0765). Written informed consent was obtained from all participants.

For the purpose of this study, generic qualitative research methods were chosen to investigate clinicians' viewpoints and approaches to providing patients with information about dental implants. A qualitative approach was chosen as this has been shown to make a positive contribution to the implant literature by exploring people's perceptions and experiences with reference to specific research questions and topics [13]. This was facilitated by the use of in-depth studies of small groups of participants. The results of the qualitative research are narrative and descriptive rather than predictive, based on the participants' accounts and experiences [14]. The theoretical flexibility of thematic analysis allows for answering the research questions from different perspectives. The process of thematic analysis is more of an iterative process, where an interplay between data collection and data analysis is needed to achieve saturation [15]. As research on this topic is scarce we adopted an inductive method of data analysis in which theme development in this research was directed by the content of the generated data and themes and not by a pre-existing framework, such as in the deductive approach to data analysis [16].

Face-to-face in-depth semi-structured interviews were used for the data collection. Qualitative interviews can provide 'deep' insights and understandings of participants' views, thoughts and opinions [17], which were needed to fulfil the objectives of this research. Also, by employing qualitative interviews, study participants were given the opportunity to uncover their experiences and reflect on them without being misled by the researcher's predefined ideas or assumptions. In addition, the flexibility of qualitative interviews enabled the researcher to explore beyond the interviewees' initial explanations and engage participants more actively by discussing new topics raised during the discussions [17].

A topic guide was generated by considering themes from previous patients' research conducted by the research team [9]. The topic guide considered how clinicians communicate information about implants with patients; what sorts of implant information clinicians are keen to focus on during clinical consultations; and, how to improve information provision in the future. The topic guide was iteratively updated throughout the research period to include topics raised by clinicians during the interviews in accordance with the principles of thematic analysis. Some of the topics that emerged included reasons behind

occasional difficulties in clinical communication with patients; the potential use of new technology in facilitating the provision of implant information; and, the involvement of dental care professionals in the information provision stages.

All of the clinicians (n = 12) involved in dental implant treatment provision at one UK secondary dental centre were invited to participate. Our sampling approach contained both purposive (participants selected on the basis of their relevant experience of dental implant decision making, and with different levels of experience, role and seniority) and convenience elements (there was a limited pool of available participants and all those who met our purposive criteria and consented were interviewed). The analysis of the data followed the principle of thematic analysis [15,16].

The first two authors (WAK clinical researcher, social scientist NSR) investigated the first two interviews through reading, highlighting and describing codes and developing possible categories in the data. This was then discussed and refined by the research team, which involves two other clinical researchers (JMT; JSE), to establish primary data categories. Then the data gathering and development were continuously discussed to assess theme interpretation; identify conflicts of analysis; consider possibilities of bias; and plan for the next participants' recruitment and interviews. These measures continued until saturation of the data had been achieved. The research method used and the findings were validated by considering Dixon-Woods et al.'s criteria [18], and using multiple observers to achieve analyst/investigator triangulation [19]. The involvement of the research team throughout the data analysis facilitated the examination and comparison of the data from various perspectives. The findings were then developed, interpreted and compared to the current literature. The qualitative analysis software, Nvivo [10 software QSR International, Doncaster, Australia] was employed to assist with data storage, handling and analysis.

3. Data and result

3.1. Clinicians' interviews

Twelve clinicians were invited to participate: seven clinical consultants including one implant teaching lead, and five restorative speciality trainees. Eight clinicians agreed to participate in the first round and no further attempts were made to recruit the remaining four clinicians as data saturation was reached based on the eight interviews conducted. Four of the interviewees were with clinical consultants and four were with speciality trainees (StR)

² Five were female and three were male. The interviews were conducted by the first author (WAK) and they lasted about 40 min. The quotes were annotated to reflect the participants' clinical status³ and seniority⁴; and randomly assigned numbers.

Three linked categories of themes were identified during the analysis and these provided generalised understandings of the clinicians' views on the provision of information related to dental implant treatment (Fig. 1). These categories were then mapped to the data themes and subthemes, as can be seen in Table 1.

3.2. Clinicians' perspectives on their current approaches of implant information provision

Clinicians identified that as part of their professional duties they

² Restorative speciality trainee (StR) is a 'middle grade' member of staff who is undertaking advanced training in a specific discipline, in this case restorative dentistry.

³ Consultant (in this case restorative dentistry consultant) is a leader of service delivery and patient care allied to the educational and research demands.

⁴ Clinical status [consultant or StR], Seniority [senior consultant; consultant; StR; senior StR].

Download English Version:

<https://daneshyari.com/en/article/8699182>

Download Persian Version:

<https://daneshyari.com/article/8699182>

[Daneshyari.com](https://daneshyari.com)