

Summary of: A qualitative study of patients' motivations and expectations for dental implants

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VERIFIABLE CPD PAPER

FULL PAPER DETAILS

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Refereed Paper

Accepted 18 September 2012

DOI: 10.1038/sj.bdj.2012.1178

©British Dental Journal 2013; 214: E1

Objective To explore patients' motivations and expectations for dental implants. **Design** Single-setting, qualitative interview study. **Subjects, setting and method** Semi-structured, telephone interviews were conducted with nine patients who had consulted a restorative dental practitioner with an interest in implantology about the possibility of replacing their missing teeth with dental implants. **Outcome measure** Interview transcripts were subjected to thematic analysis to identify relevant themes. **Results** The main theme to emerge was 'normality'. Participants expected implants to restore their oral-related quality of life to 'normal'. However, individual definitions of normality differed; some were appearance focused, while others were more concerned with functioning. Several participants who had completed implant treatment regarded their new prostheses as 'just like natural teeth'. **Conclusions** Patients' belief that dental implants are just like natural teeth could be cause for concern if it leads them to treat them as such, and thereby not follow the recommended specialist care they require. The findings emphasise the importance of good dental practitioner-patient communication in assessing expectations of treatment and outcomes. Further studies should explore the expectations of patients of different ages and socio-economic backgrounds and consider ways of eliciting patients' beliefs about implants before treatment takes place.

EDITOR'S SUMMARY

What a fascinating discipline we inhabit. No sooner than we have solved one set of problems than we delve deeper and ask more questions. Having witnessed the invention and development of implants and then made great steps to provide them for as wide a constituency as possible, we then start asking patients about their expectations of these technological and surgical marvels.

It is intriguing not only how patients (and researchers) view this process but also how an established implantologist views it, as clearly expressed in the Commentary. It seems to me that the juxtaposition of these views absolutely justifies the authors' point that the key issue here is the practitioner-patient relationship and the crucial role of clear communication.

For me, too, the continuing growth of the relationship between dentistry and psychology especially through the medium of qualitative research is a great development. The more we conquer the

surgical and operative aspects of dentistry the more time, thought and energy we can put into prevention. But effective prevention relies on our understanding motivation which in its turn relies on us being able to ask the right questions as well as correctly interpret the responses.

This paper, as Dr Holmes states in his Commentary, seems at first glance like a host of other patient satisfaction surveys. On closer inspection it shows a far greater depth and sensitivity in investigating the background to patients' wishes, realities and expectations. These can serve as a guide to us all in terms of the boundaries we now need to consider and explore if we are to serve patients as well as we possibly can.

Additionally the paper builds on other work we have published recently about patient attitude to appearance and oral health, and the way in which this impacts on psychological health, cultural norms and societal variation. It is interesting to speculate on whether or not, in due course, we will wish to

add a dental psychologist as an essential member of the dental team.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 214 issue 1.

Stephen Hancocks
Editor-in-Chief

DOI: 10.1038/sj.bdj.2013.28

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IN BRIEF

- Highlights the social and psychological challenges faced by patients living with missing teeth, some of which dentists may not be aware.
- Stresses the importance of good communication between practitioners and their patients.
- Illustrates how rigorous qualitative methods can be used to complement quantitative research to deepen our understanding of patients' experiences.

COMMENTARY

At first glance this paper appears to be just another commentary on the satisfaction of patients undertaking implant treatment based on interviews before and after treatment. However, in this instance the authors have attempted to understand more fully a patient's 'personal experience' of their implant treatment.

The authors conducted a 'semi-structured, telephone interview of patients who had consulted a restorative dental specialist.' Of the 50 patients who met their selection criteria, nine individuals agreed to participate in the study. Of those, seven had completed their implant treatment.

The authors, based on these nine interviews, conclude that a 'patients' belief that dental implants are just like natural teeth could be cause for concern if it leads them to treat them as such, and thereby not follow the recommended specialist care they require.'

I disagree in principle with this conclusion which appears to put the responsibility of implant maintenance on the patient. I would argue a patient is right in presuming their implant is like a natural tooth, and that is a successful treatment outcome. After all, our goal as clinicians is to replace their missing teeth! A patient should monitor their implant/s like a normal tooth – with proper at home hygiene and regular visits to their dentist. The responsibility to maintain that implant lies with the dental professional monitoring their oral health at their regu-

lar six monthly checks. Should it be beyond that practitioner's abilities then a referral is necessary.

As an implant specialist I regularly meet patients with implant-related issues that their clinician has ignored for a number of years. It is only when they switch to a new clinician that their 'undiagnosed' chronic peri-implant problem such as peri-implantitis is finally discovered. Often it is the clinician who placed the implants, quoting high success rates, who is subsequently reluctant to advise a patient of a potential problem and make the appropriate referral, hence the 'undiagnosed' pathology.

In addition, the authors did not distinguish implant treatment for partial and complete edentulism. This would strongly affect their outcome as a patient with a single missing tooth would rightly 'feel' as though the implant restoration behaved like a normal tooth, unlike those with a complete rehabilitation.

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AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

Dental implants are becoming an increasingly popular treatment option in the UK and yet the factors that lead patients to pursue this option are currently unclear. This study is the result of collaboration between health psychologists and dentists with a shared interest in understanding the subjective experiences of dental patients and how these experiences affect their treatment decisions. We were particularly interested in why some people choose to have dental implants while others are happy to live with gaps or choose an alternative prosthesis.

Little qualitative work has been done in this area. We were also keen to 'join the forces' of dentistry and psychology, which has been achieved to great effect previously. Together we believe these disciplines have the potential to greatly benefit patient care.

2. What would you like to do next in this area to follow on from this work?

First, we would like to explore whether the fact that patients view their implants as being like their natural teeth influences how they care for those implants.

Second, we would like to explore ways to optimise dental practitioner-patient communication. This study has emphasised that communication needs to be a two-way process: the patient can understand but also listen, and take account of, the patient's expectations for treatment. This is not always easy, and it would be helpful for practitioners to have a 'toolkit' of communication techniques to elicit key information from patients.