DISSERTATION REPORT
at IIHMR, DELHI

A Report on

Patient-Centered Decision-Making in Third Molar Management

By **Dr. Arpita Lohani**
PG/23/024

Health IT Batch

Under the guidance of Dr Preetha G S

PGDM (Hospital and Health Management) 2023-2025

International Institute of Health Management Research New Delhi

IIHMR DELHI

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TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr.Arpita Lohani student of PGDM (Hospital & Health Management) from International Institute of Health Management Research, New Delhi has undergone internship training at ____ IIHMR, DELHI ____from MARCH to JUNE 2025.

The Candidate has successfully carried out the study designated to him during internship training and his/her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his/her future endeavors.

Dr. Sumesh Kumar
Associate Dean, Academic and Student Affairs
IIHMR, New Delhi

Dr. Preetha G S
Mentor
IIHMR, New Delhi

Certificate from Dissertation Advisory Committee

This is to certify that **Dr. ARPITA LOHANI** , a graduate student of the **PGDM (Hospital & Health Management)** has worked under our guidance and supervision. He/ She is submitting this dissertation titled " PATIENT CENTERED DECISION MAKING IN THIRD MOLAR MANAGEMENT" at "IIHMR,DELHI" in partial fulfilment of the requirements for the award of the **PGDM (Hospital & Health Management).**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

DR. PREETHA G S,
Professor and Dean Research

IIHMR, DELHI

Certificate of Approval

The following dissertation titled **Patient Centered Decision Making in Third Molar Management** at **IIHMR Delhi** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **PGDM (Hospital & Health Management)** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

Dissertation Examination Committee for evaluation of dissertation.

Name	Signature
Archana Thakur	
Anandh Ramachandran	
Praveen Kumar	

INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH,
NEW DELHI
CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Patient-Centered Decision-Making in Third Molar Management** and submitted by **Dr. Arpita Lohani** Enrolment No. **PG/23/024** under the supervision of **Dr.Preetha G S** for the award of PGDM (Hospital & Health Management) of the Institute carried out during the period from **March 2025** to **June 2025** embodies my original work and has not formed the basis for the award of any degree, diploma, associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Signature

ACKNOWLEDGEMENTS

I would like to express my heartfelt gratitude to my faculty mentor Dr. Preetha mam for her invaluable guidance, support, and encouragement throughout the course of this dissertation. I would also like to thank all the patients and dental professionals who participated in the study. Their insights and experiences were integral to the research. Lastly, I extend my appreciation to my family and friends for their unwavering support.

FEEDBACK FORM

Name of the Student: Dr. Arpita Lohani

Name of the Organization in Which Dissertation Has Been Completed: IIHMR , DELHI

Area of Dissertation: Patient-Centered Decision-Making in Third Molar Management

Attendance: Regular and consistent during the dissertation period.

Objectives achieved: It provided detailed insights into the role of communication, cultural beliefs, and shared decision-making.

Deliverables: A well-structured and comprehensive dissertation report with data-driven findings. Tools such as patient and care provider interview guides, consent forms, and survey questionnaires were developed and used efficiently.

Strengths: The study effectively combined quantitative and qualitative methods, maintained a strong ethical foundation, and offered culturally sensitive, patient-centered insights that are both practical and relevant.

Suggestions for Improvement: Future research could benefit from a more diverse sample to improve generalizability, minor refinements in formatting, and potential follow-up studies to assess long-term outcomes.

Suggestions for Institute (course curriculum, industry interaction, placement, alumni):

Signature of the Officer-in-Charge/ Organization Mentor (Dissertation)

DATE:
PLACE:DELHI

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Contents

Abstract

The decision to remove third molars, commonly known as wisdom teeth, is often not as straightforward as it seems. While clinical judgment plays a vital role, I observed during my research that many patients' choices are also shaped by personal fears, financial concerns, and how clearly the procedure is explained to them. This study set out to explore those less visible influences—what patients think, feel, and need to know before agreeing to extraction. Using both survey data from patients (n=153) and interviews with dental professionals (n=5), I tried to understand the real-life dynamics of decision-making, thereby providing a comprehensive view of both patient experiences and professional insights. The quantitative data gathered from the surveys allows for the identification of prevalent themes and patterns in patient attitudes, while the qualitative interviews and case reviews offer depth and context, illuminating the nuances of patient-provider interactions.

Results indicate that beyond clinical indicators, decisions were heavily influenced by perceived pain, financial concerns, and the clarity of information provided by healthcare professionals. Visual aids such as radiographs and intraoral images were found to play a critical role in facilitating comprehension. Moreover, family dynamics and sociocultural beliefs emerged as important contextual variables.

The findings emphasize the need for shared decision-making in dental care, particularly in procedures perceived as invasive or elective. Empowering patients with accurate, empathetic, and culturally sensitive communication can lead to more informed and confident treatment choices.

INTRODUCTION

2.1 RESEARCH QUESTION

What are the factors influencing patient decision-making regarding third molar management, and how does the application of shared decision-making (SDM) frameworks impact patient autonomy, satisfaction, and clinical outcomes in dental care settings?

2.2 OBJECTIVES

Primary Objective:

- To explore factors influencing patient decision-making regarding third molar extraction.

Secondary Objectives:

- To analyse the impact of dentist recommendations on patient choices.
- To promote patient-cantered care by supporting shared decision-making frameworks.

2.3 RATIONALE

The rationale for this research stems from recurring clinical observations where patients displayed significant uncertainty or reluctance in undergoing third molar extraction, even when medically indicated. Such hesitation suggested gaps in communication, understanding, or broader psychosocial influences that required exploration.

Third molar management is a common intervention in dental practice, yet the individual variability in decision-making has not been sufficiently documented, especially within the Indian healthcare context. This study attempts to address this gap by investigating not only clinical decision influences but also emotional, economic, and interpersonal variables.

The research seeks to contribute to existing literature by providing a patient-centered perspective on third molar management and reinforcing the importance of contextualized care practices within clinical decision-making frameworks.

METHODOLOGY

Study Design

A mixed-methods approach was employed to comprehensively understand the multidimensional factors influencing patient decisions regarding third molar extraction. The quantitative component consisted of structured surveys administered to 153 patients who had either undergone or were advised third molar removal. The qualitative component involved semi-structured interviews with five dental care providers and in-depth reviews of five patient consultations to extract narrative insights.

3.1 Study Area

The research was conducted among patients and dental care providers across various regions in India, primarily focusing on urban centers. The participants included patients who had faced or were facing decisions regarding third molar management, and dental professionals including dentists and oral surgeons.

3.2 Study Population

- Patients aged 21–58
- Dental Professionals including practicing dentists and oral surgeons with experience in patient counselling for third molar cases.

Sample Size

- Quantitative Survey Participants (Patients): n = 153
- Qualitative Interviews with Dental Professionals: n = 5
- Patient Case Studies Reviewed: n = 5

3.3 Study Period

The entire process — from data collection to analysis — took place over three months, from **March to May 2025**.

3.4 Data Collection Methods

3.4.1 Quantitative Component

To understand what patients think and feel about wisdom tooth removal, I collected responses from 153 individuals through a simple, structured questionnaire. The survey was shared online using Google Forms, which made it easy for participants from different places to respond at their convenience.

The questions focused on their awareness of the procedure, fears or concerns, cost-related worries, and whether family or friends influenced their decision. Most questions used checkboxes or scales to make it quick and clear.

3.4.2 Qualitative Component

Semi-structured interviews were conducted with dental professionals to explore their perspectives on patient communication and shared decision-making (SDM). In addition, five anonymized case studies of real patient consultations were reviewed for thematic insights into real-world decision-making scenarios.

3.5 Criteria for Inclusion

-Patients who could give informed permission and who were at least eighteen

years old and had either received advice or had had their third molar removed.

-Directly involved in patient consultation and treatment planning are dental experts (dentists and oral surgeons) who have completed at least one year of clinical training.

-It was necessary for participants to freely fill out the survey or interview and be open to sharing their experiences.

3.6 Criteria for Exclusion

-People who are unable of giving informed consent or who are younger than eighteen.

-Patients with third molar problems who had never seen a dentist before.

-Dental professionals who are not involved in treating third molars, such as students or specialists in adjacent fields.

-Anyone who declined to fully engage or who decided to leave the process in the middle.

3.7 Data Collection Tools and Techniques

- Survey Tool: Google Forms questionnaire developed specifically for this study
- Interview Guides: Pre-designed open-ended question sets for dentists and oral surgeons and also for the case study review for the patients.

3.8 Data Analysis

- Quantitative Data was analysed using Excel. Descriptive statistics, frequency distributions, and correlation analysis were applied to assess relationships between patient factors and decision outcomes.
- Qualitative Data from interviews and case studies were analysed using thematic analysis. Recurring themes were identified, coded, and categorized under relevant conceptual areas such as trust, pain perception, cost, and communication strategies.

3.9 Ethical Considerations

Ethical integrity was a cornerstone of this study. A comprehensive set of ethical considerations was implemented to safeguard the rights, dignity, and privacy of all participants. These include:

Informed Consent:

- Every participant was provided with a clear, detailed **informed consent form** explaining the purpose, procedures, benefits, and potential risks of the study.
- Participants were informed that their involvement was **voluntary**, and they could **withdraw at any stage** without penalty.

Anonymity:

- No names or identifying details were recorded in the data collection tools.
- Interview transcripts and survey responses were coded to ensure anonymity.

Confidentiality:

- All collected data was stored securely on password-protected devices and was accessible only to the research team.
- No individual response was shared with any third party or used beyond the scope of this study.

Data Protection:

- Data handling adhered to standard protocols for **digital privacy and storage**, complying with ethical norms set by IIHMR Delhi.
- Any physical documentation (e.g., signed consent forms) was stored in a locked cabinet and will be destroyed after the study period.

Non-Maleficence:

- The study design ensured that **no harm**—physical, psychological, or emotional—would come to participants.
- No invasive procedures were involved, and care was taken to **minimize discomfort** in interviews or surveys.

Voluntariness:

- Participation was strictly **voluntary**. No coercion or undue influence was used to recruit participants.
- Participants were given the freedom to **skip questions** they were uncomfortable answering.

Right to Withdraw:

- Participants were explicitly informed that they had the right to **discontinue participation at any time**, without any negative consequences.

Respect for Cultural and Linguistic Sensitivities:

- The study design and questions were reviewed to ensure they were **culturally sensitive** and free from bias or judgment.
- For better understanding, translations or regional adaptations were considered where needed.

Use of Audio Recordings:

- Audio recordings if done of interviews were conducted only after obtaining **explicit verbal and written consent** from participants.
- These recordings were solely used for transcription and thematic analysis and were deleted after use.

Ethical Review and Oversight:

The entire study protocol was reviewed and approved by the **Institutional Dissertation Committee** and adhered to guidelines laid out by the **Research Ethics Committee of IIHMR Delhi**.

Post-Study Communication:

Participants who requested study outcomes were promised a summary of the findings in layman's terms.

Avoidance of Conflict of Interest:

The researcher disclosed that there were **no personal, financial, or professional conflicts of interest** influencing the study.

3.10 Expected Outcomes

With this study, we sought to:

-Determine the actual informational, social, and emotional elements that influence patient choices.

-Learn how dentists interact with their patients and whether or not collaborative decision-making is actually used.

-Provide doable recommendations to improve patient-centered dental care, particularly when surgery is being considered.

-Provide ideas that could enhance the way dentists engage families, provide visual aids, explain treatments, and establish patient trust.

3.13 Limitations of the Study

- Purposive sampling may limit generalizability across the broader population.
- Self-reported data may be subject to recall or response bias.
- The study was geographically limited, with most respondents from specific regions, impacting linguistic and cultural diversity.
- The study design does not allow for longitudinal tracking of changes in patient perception or behaviour over time.

LITERATURE REVIEW

The concept of **shared decision-making (SDM)** has emerged as a central pillar in modern patient-cantered care, and its relevance in dentistry is steadily growing. Traditionally, dental decision-making followed a paternalistic model, where the clinician's opinion was considered final. However, as patient autonomy gains recognition, particularly in elective procedures like third molar (wisdom tooth) removal, SDM is gaining traction as a more ethical and effective approach.

1. Shared Decision-Making in Dental Settings

In recent years, shared decision-making (SDM) has become an essential part of how healthcare professionals engage with patients — especially in areas where the best course of action isn't always clear-cut. Dentistry is no exception. When it comes to procedures like third molar (wisdom tooth) extraction, the choice isn't just about clinical necessity but also about what the patient understands, values, and feels ready to accept.

Historically, dental care often followed a top-down approach, where the dentist made the decisions, and the patient simply followed advice. But with the shift toward patient-centered care, there's a growing expectation for collaboration. Asa'ad (2019) notes that while most practitioners agree with the concept of SDM, it often doesn't translate well in practice. Many providers still lean toward informing rather than actively involving patients in discussions. The review argues for a more interactive model — one where the patient's voice is not just heard but genuinely factored into the final decision.

Benecke et al. (2020) support this idea, pointing out that SDM can improve both the patient's experience and the outcome of the treatment. When patients feel part of the conversation, they're more likely to follow through on treatment plans and feel confident about their choices. However, challenges like time limitations, uncertainty about patient comprehension, and lack of training in communication techniques often prevent dentists from fully applying this model.

2. Patient Preferences vs. Perceived Roles

A noticeable theme in the literature is the disconnect between how involved patients want to be in treatment decisions and how involved they actually feel. Many people visiting dental clinics say they'd prefer to be active participants — especially when it comes to decisions that involve discomfort, money, or long-term impact. But in reality, they're often not given that space.

This may partly come from assumptions on the dentist's side. For example, a provider might believe the patient doesn't want to be overwhelmed with too much information or is too anxious to process it all. But studies suggest otherwise. Most patients want to be walked through their options — not just told what to do.

Visual aids like X-rays, videos, or even hand-drawn diagrams can make a huge difference in bridging this communication gap. Patients are more likely to trust the provider and engage meaningfully when explanations are simple, relatable, and culturally appropriate. When dentists take the time to explain procedures in the patient's preferred language and context, it creates space for a more respectful, two-way interaction.

3. Decision-Making in Third Molar Extraction

Wisdom tooth removal is a textbook example of where patient preferences play a major role. In many cases — especially when the tooth isn't causing pain or infection — the decision to extract is not urgent. That means both patient and dentist need to weigh the pros and cons together, based on individual needs and expectations.

A study by Camargo et al. (2015) highlighted how professional opinions can vary widely. In their survey of Brazilian oral surgeons, younger dentists were more likely to suggest early removal, possibly because of recent training or fear of future complications. This kind of variation shows how personal clinical experiences and risk perception can influence what's advised — even in similar clinical cases.

From the patient's side, decisions are rarely based on medical reasoning alone. People often worry about pain, how long recovery will take, and how much the treatment will cost. They also rely heavily on how clearly the dentist explains things. Cultural beliefs and family influence also shape decisions — especially in settings like India, where family plays an active role in healthcare choices.

Several studies have shown that when dentists use local languages and tailor their communication to fit the patient's background, people feel more at ease and more willing to make informed choices. There is also a call in the literature for developing standard clinical guidelines to reduce unnecessary variation in how cases are handled and to ensure every patient receives a clear, evidence-informed path forward — regardless of where they are or who they consult.

RESULTS

Quantitative Survey Findings

We calculated responses of 153 patients to the online survey on their experience of decision-making regarding the removal of third molar (wisdom tooth). This questionnaire contained both Likert-scale and multiple-choice questions that centered on the following factors: perceived pain, influence of the dentist, clarity of information and trust in the consultation process.

Key Findings:

- The most common question was fear of pain and complications, as more than 70 percent of respondents mentioned that it highly influenced their choice.
- Three-fourths of the participants expressed their wish to make a collaborative or active decision-making role, and only one-half of the participants felt involved in the consultation process.
- 61 percent of patients stated that they were influenced by the recommendation of the dentist in deciding either to extract or to retain the tooth.
- The use of visual aids (X-rays or animations) was also considered to be very helpful by 83 percent of the respondents to comprehend their condition and the treatment options available.
- The cost of surgery was ranked highly or moderately important by 59% of the respondents, but more so by students and by self-paying patients.
- The post-operative advice also received low marks of 42 percent graded as clear and useful when compared with the advice prior to the surgery which was graded highly by 90 percent of patients.

Qualitative Insights: Thematic Analysis

5 interviews were carried out with dental care providers (oral surgeons and general dentists) and 5 patient consultation case studies were collected. Each data set has received thematic analysis individually to identify semantically meaningful patterns concerning the patient-centered decision-making.

A. Thematic Review of Reviews of Patient Cases

These case studies targeted real life patient and consultation visits on matters of consultation and treatment. The themes that were identified are the following:

- Emotional Barriers of Decision-Making

There were clear desires to avoid pain, surgery and myths (e.g. fear of vision loss) amongst the patients.

Early impressions were shaped by misinformation by family, friends or social media.

- Information Gaps

Patients said that the technical language of dentists confused many of them.

Lack of risk vs. benefits of extraction vs. monitoring explanation created the situation where people followed what dentists said.

- The Effect of Family and Culture

The decision was not necessarily made at the individual level, parents and spouses also had a say not to mention the younger adults.

The trust in the modern dental surgery depended on the regional cultural beliefs.

- Visual Learning Preference

Patients reacted well to the use of X-rays, video demonstrations and the simulation of treatment outcomes.

These aids were said to make things actual and to decrease fear.

B. Thematic Analysis of interviews of dental care providers

Five semi-structured interviews were carried on oral healthcare professionals in both institution and privately operated settings.

- According to the Perception of Responsibility and Liability

Most providers acknowledged that they would recommend extraction just as a precautionary measure, with younger or inexperienced dentists being common among them.

Others claimed they do not want to get sued should any complications happen in the future.

- The Problems with the Practice of SDM

Dentists themselves agreed on the significance of engaging patients and claimed that time related limitations, patient literacy, and insufficient training did not grant them an opportunity to engage in true SDM.

A few said that patients would usually ask them to give the answer, even though the principles of SDM.

- Post-Operative lack of continuity

Examples of post-op counselling given by many care providers were not structured but informal and not much advice was provided on how to recover.

- The necessity of Public Publicity Campaigns:

Dentists suggested that better public health messaging—about when and why third molars should be removed—would empower patients and reduce unnecessary surgeries.

TABLE 1: Thematic Analysis Table – Care Providers

Theme	Description	Illustrative Quote
Fear of Pain and Recovery	Patients consistently expressed anxiety about pain and healing time; providers recognized this as a major barrier to decision-making.	*"Always the first thing they ask is how painful is it going to be, and how long will it take to recover."*
Common Misconceptions	Misbeliefs like tooth extraction causing vision problems were commonly reported; clearing these myths took time and reassurance.	*"Patients come in with myths such as thinking extraction could affect their vision."*
Use of Visuals and Explanation	Dentists used X-rays, models, and clear explanations to convey the need and safety of extraction, enhancing understanding.	*"I show them the X-ray and explain the mechanics... Visuals really help."*
Shared Decision-Making	Providers emphasized giving patients full information and leaving the decision up to them, highlighting autonomy and informed consent.	*"It's their body, their decision. I explain clearly, then leave the choice to them."*
Challenge of Building Trust	Overcoming resistance, fear, and myths required patience, good communication skills, and emotional sensitivity.	*"Clearing those misconceptions takes time and trust."*
Clinical and Diagnostic Practices	Reliance on OPGs and clinical signs like cysts, pain, or trismus informed decisions regarding extraction.	*"I rely heavily on OPGs—those panoramic X-rays... if it's already interfering, we recommend extraction."*

TABLE 2: Thematic Analysis Table – Patients / Case Studies

Theme	Description	Illustrative Quote
Fear of Pain	Fear of pain and tough recovery often made patients delay getting their wisdom tooth removed.	*"Honestly, I was just scared ki kitna pain hoga… isliye main baar-baar delay kar rahi thi pehle"*
Cultural Myths	Myths like vision loss made people more hesitant and anxious about the procedure.	*"Mummy ne bola tha ki daant nikalne se aankhon par asar padta hai… toh main darr gaya tha thoda."*
Communication & Trust	When doctors explained things clearly using visuals and in the local language, trust improved.	*"Dentist ne jab X-ray dikhaya aur samjhaya, tab laga haan, ab samajha ki kyu pain ho raha tha itna."*
Financial & Emotional Barriers	Cost and emotional hesitation were big reasons for delaying treatment.	*"Main soch rahi thi salary aane do pehle, fir karwaungi… aur thoda darr bhi lag raha tha."*
Family Role in Decision-Making	Patients often took the final decision after discussing with parents or close family.	*"Main akela decide nahi karta… papa se poochha, unhone bola karwa lo, tabhi appointment liya."*
Awareness & Support Needs	Many patients felt they didn't get enough guidance post-surgery, especially in familiar language.	*"Procedure ke baad kaafi confusion tha… kaash proper aftercare instructions mein milte.."*

DISCUSSION

Through this study, I came to realize how layered and deeply personal the decision to remove a wisdom tooth can be for many people. While clinicians often focus on the clinical necessity, patients are frequently juggling fear, family opinions, cultural beliefs, and financial limitations. It wasn't uncommon for participants to delay their decision because they were unsure, scared of the pain, or simply didn't understand the process well enough.

One of them relates to the fear of pain and recovery, frequently mentioned by respondents and confirmed by dentists, which is high motivating force. Such observation is supported by previous reports of dental anxiety as a major source of procedural procrastination or avoidance. Furthermore, the survey results revealed an unwelcoming yet very crucial observation: the prevalence of cultural myths, such as the idea that extraction of wisdom teeth can result in the loss of vision. This observation highlights the need to use culturally sensitive programmed on education.

The process of communication appeared as a problem and a possible solution to it. The providers using visual skills indicated increased levels of trust and elucidation when using visual aids, including intra-oral X-rays and videos in the regional language of the patients. The participation of the family was a vivid point as well, especially in Indian setting, where most of the patients refer to the parents or spouses. As a result, a broader version of shared decision-making (SDM) implementation demands integration of the immediate social sphere and not merely the patient.

These themes were confirmed by quantitative survey results. Even though most patients wanted to actively pursue a role in the choice of treatment, a large proportion could not do this due to the lack of the necessary information and the required confidence. Providers agreed and pointed out that it was important to have some form of communication training and available resources.

Despite the drawbacks associated regarding purposive sampling and geographic scope, the data provides strong insights into practice issues and possibilities in the field of patient-centered dental care implementation in the real world.

CONCLUSION

This study highlights how a mix of psychological, cultural, economic, and interpersonal elements affect the decision regarding third molars. It would be impossible to achieve the paradigm shift in dentistry toward patient-centered treatment unless dentists take the initiative to address affordability, fear, and misinformation as their direct clients.

In order to achieve better outcomes, dentists are urged to use clinically, emotionally, and culturally appropriate shared decision-making approaches. Specifically, the following actions are advised:

1. Use early, targeted, and targeted community awareness efforts to dispel the dental myth;
2. Make use of visual resources that encourage multilingualism;
3. Promote consultations based on family;
4. Offer simple payment options or financial guidance.

Better long-term oral health outcomes and more informed clinical decision-making will be facilitated by information and patients who can trust one another.

RECOMMENDATIONS

- Make Communication Simple and Visual:

Patients often feel lost when dental jargon is used. Something as simple as showing an X-ray or a diagram in a local language can help patients better understand their situation. It also helps reduce fear and builds trust in the process.

- Tackle Myths with Community Education:

During this study, I heard several persistent myths—like wisdom tooth removal leading to blindness. These need to be addressed early, perhaps through awareness programs in schools or local clinics, using relatable stories and regional languages.

- Encourage Conversations, Not Just Instructions:

Patients appreciate when dentists take a moment to ask what they think or feel. Making space for that conversation—even briefly—makes a big difference. Involving family members, especially in cultures where family plays a strong role in making the decision, can be helpful too.

- Offer Clear and Friendly Post-Op Instructions:

Many patients said they didn't know what to do after their extraction. Providing simple, visual, step-by-step aftercare instructions in print or even on WhatsApp can make their recovery smoother.

- Ease the Financial Worry:

A few patients admitted delaying treatment because they couldn't afford it right away. Clinics offering flexible payment plans or explaining the cost early on might help people feel more comfortable proceeding with necessary care.

- Support Dentists with Communication Training:

Most care providers I interviewed were doing their best, but also admitted that they hadn't been trained in handling difficult conversations. Workshops or modules on empathetic communication could help fill that gap and enhance patient experiences.

TOOLS

9.1 INFORMED CONSENT

Patient Survey Consent

You are invited to participate in a study on decision-making for wisdom tooth removal. The study aims to better understand patient experiences and views to improve communication and support in dental care. Your participation is entirely voluntary. You can skip any question or stop at any time without obligation. Your responses will remain anonymous and confidential. The survey will take approximately 5-7 minutes to complete.

By selecting “I agree” below, you confirm that you understand the purpose of the study and agree to participate.

☐ I agree to participate in this study

☐ I do not agree to participate

9.2Patient Interview Consent

You are being invited to take part in a short interview for a research study titled **"Patient-Centered Decision-Making in Third Molar Management."** This study is being conducted as part of my academic research.
Before we begin, I want to assure you that:

- Your participation is completely voluntary.
- You are free to skip any question or stop the interview at any time.
- Your responses will be kept private and only used for academic purposes.
- No personal details like your name or contact information will be shared in the final report.

The purpose of this interview is to understand how people feel about getting their wisdom teeth removed — what influences their decision, what concerns they may have, and how they experience communication with their dentist.
This conversation should take around 15–20 minutes. If you're comfortable, I would like to record the interview (audio only), but that's completely up to you. The recording will be stored securely and deleted after the study is completed.

By participating, you confirm that you understand the nature of the study and agree to take part.

☐ I consent to participate in this interview

☐ I consent to audio recording (if applicable)

Participant Name: _____
Signature: _____ Date: _____

Care Provider Interview Consent

You are being invited to participate in a research interview focused on understanding how patients make decisions about third molar removal and how dental professionals contribute to that process. Your input will support improvements in shared decision-making and patient communication. Participation is entirely voluntary. You may skip any question or withdraw at any time. All information shared will remain confidential and will not be linked to your identity in any publication. With your permission, the interview may be recorded and used only for transcription and analysis purposes. The interview will take approximately 15–20 minutes.

By participating, you confirm that you understand the nature of the study and agree to take part.

☐ I consent to participate in this interview

☐ I consent to audio recording (if applicable)

Participant Name: _____
Signature: _____ Date: _____

9.2 QUESTIONNAIRE SURVEY

Section 1: Consent

Dear Participant,

We understand that decisions about wisdom tooth (third molar) removal can be challenging. We're conducting a study to better understand patient experiences and improve dental care. Your experiences can play a valuable role in helping dental professionals provide better support to patients facing similar decisions about their care. Participation in this research is completely voluntary and should take only about 5–7 minutes of your time. Your responses will remain anonymous and will be used solely for research purposes. You are free to skip any question you prefer not to answer, and you may choose to stop participating at any time without any consequences.
If you're comfortable sharing your experiences, please proceed.

By continuing, you acknowledge that you've read this and agree to participate.

Section 2: About You

1. Age: _____
2. Gender:
   - Male
   - Female
   - Other / Prefer not to say
3. How often do you visit a dentist?
   - Regularly (every 6 months)
   - Once a year
   - Only when I have a problem
   - Rarely/Never

Section 3: Dental History

4. Have you ever been advised to remove your wisdom teeth or 3rd molar?
- Yes
- No
5. Did you proceed with the removal?
- Yes
- No
- Not yet, but planning to
- Decided against it
6. Have you had any other teeth removed before?
- Yes
- No

Section 4: Your Feelings and Decisions

For the following statements, please indicate how much you agree or disagree.
Scale: 1 – Strongly Disagree to 5 – Strongly Agree
7. I worry about the pain from removing wisdom teeth.
8. I trust my dentist's advice about tooth removal.
9. I'm concerned about long-term problems if I don't remove them.
10. The cost of treatment affects my decision.
11. I feel I had enough information to make my decision.

12. My dentist involved me in the decision-making process.
13. I get nervous before dental visits.
14. I prefer to know all the pros and cons before deciding.

Section 5: Dental Anxiety Assessment

Please answer the following based on your feelings about dental visits.
Scale: Relaxed, A little uneasy, Tense, Anxious, extremely anxious
15. If you had to go to the dentist tomorrow, how would you feel?
16. When you're in the waiting room, how do you feel?
17. When you think about the dental drill, how do you feel?
18. When you think about having your teeth cleaned, how do you feel?
Source: Modified Dental Anxiety Scale (MDAS) – Humphris et al. (1995)

Section 6: Decision-Making Assessment

Please indicate how much you agree or disagree.
Scale: 1 – Strongly Disagree to 5 – Strongly Agree
19. I feel uncertain about the best choice for my wisdom teeth.
20. I feel informed about the options available for wisdom tooth management.
21. I am clear about which benefits matter most to me regarding my wisdom teeth.
22. I have sufficient support from others in making my decision about my wisdom teeth.
Source: Decisional Conflict Scale (DCS) – O'Connor (1995)

Section 7: Thoughts

23. What was the biggest factor that influenced your decision about your wisdom teeth?
[Open text]
24. Do you have any suggestions for dentists to improve how they explain wisdom tooth removal?
[Open text]
Thank You.

We appreciate you sharing your experiences. Your input is invaluable in helping us improve patient care related to wisdom tooth decisions.

References:

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9.3 CARE PROVIDER INTERVIEW GUIDE

Purpose

To explore care providers' perspectives on factors influencing patient decisions about third molar (wisdom tooth) removal and their role in shared decision-making.

Consent

Before beginning, ensuring verbal or written consent is obtained. Confirm the participant understands that participation is voluntary, responses are confidential, and they may withdraw at any time.

Interview Guide

1. How do you determine when to recommend third molar extraction?

2. What worries do patients most frequently have regarding this procedure?

3. How do you typically explain the risks and benefits of extraction to patients?

4. What challenges do you face in communicating with patients about third molar management?

5. To what extent do you involve patients in the decision-making process?

6. How do financial or psychological factors influence patient choices, in your experience?

7. Can you describe a case where a patient was particularly hesitant or unsure? How was the situation handled?

8. What resources—such as digital aids, pamphlets, and diagrams—do you employ to facilitate collaborative decision-making?

9. In this situation, what changes would you recommend promoting patient-centered care?

"Any other comments or suggestions?" as a final question

9.4 CASE STUDY INTERVIEW GUIDE

Purpose

To capture real-life patient experiences and decision-making processes related to third molar (wisdom tooth) management.

Consent

Before beginning, ensuring verbal or written consent is obtained. Confirm the participant understands that participation is voluntary, responses are confidential, and they may withdraw at any point.

Interview Guide

1. What led you to seek dental advice about your wisdom teeth?

2. What did the dentist recommend, and how clearly was it explained to you?

3. What were the key factors that influenced your decision (e.g., pain, cost, trust, timing)?

4. Did financial or personal circumstances affect your decision-making?

5. How did you feel emotionally during the process?

6. What did you finally decide—to go for removal or not? Why?

7.Were you satisfied with your decision?

8.Is there anything you wish had been done differently during the consultation?

9. What suggestions do you have for improving patient support in similar situations?

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