# Do Canadian Dentists Find Dental Research Useful?

Christophe Bedos, DCD, PhD
 Paul Allison, BDS, FDSRCS, PhD

### Abstract

The aim of this joint CDA–IMHA study was to investigate what Canadian dentists think about the utility of dental research. A questionnaire was sent to all dentists in Canada with the December 2001 edition of JCDA. By April 1, 2002, 2,788 questionnaires, representing a response rate of approximately 16%, had been returned. In this first article in a 3-part series, we address the theme of research utility. The results show that 82% of respondents think that dental research has an important or very important impact on the dental health of Canadians. Furthermore, 98% of respondents claim to have modified an element of their clinical practice after having been informed of some research results.

MeSH Key Words: attitude of health personnel; dental research; dentists

ealth research in Canada recently underwent a major reorganization. The former Medical Research Council of Canada, which was the principal health-related research funding agency, was replaced by the 13 institutes of the Canadian Institutes of Health Research (CIHR). Dental research fell within the mandate of the Institute of Musculoskeletal Health and Arthritis (IMHA). As part of this reorganization, CIHR wanted to increase partnerships with all stakeholders in health and health care in Canada, and IMHA wanted to get more input from dentists.

A joint CDA–IMHA study was therefore organized to investigate what dentists think about dental research, in particular: the utility of research; the accessibility of research; and future dental research priorities. In this first article in a 3-part series, we address the theme of research utility.

#### **Methods**

A questionnaire and a prepaid return envelope were sent to Canadian dentists with the December 2001 edition of the *JCDA*. The survey contained questions on sociodemographics; research utility; research accessibility; and dental research priorities (see Questionnaire at the end of the article). © J Can Dent Assoc 2002; 68(9):540

By April 1, 2002, 2,788 questionnaires had been returned to McGill University's faculty of dentistry, representing a response rate of approximately 16%. No second mailing or follow-up was performed. **Tables 1** and **2** compare the study sample with the dentist population of Canada by gender and practice location.

Analyses were performed on data from 2,595 respondents, who described themselves as clinical dentists (101 professors/researchers and 92 other non-clinical dentists were excluded). **Table 3** describes the study sample in terms of practice location, type of practice, gender and age.

#### Results

The following results were obtained:

- 96% of respondents think that research is useful to them;
- 98% of respondents have altered an element of their clinical practice after having been informed of the results of research;
- research is especially useful in the area of treatment, with 89% of respondents having altered both the use of a material or a treatment technique after being informed of research results (**Fig. 1**). However, only 46% had altered

Practice location	Number of dentists in Canada		Distribution of respondents by location and gender <sup>a</sup>		Response rates (%)	
	Women	Men	Women	Men	Women	Men
Alberta	339	1,357	62	235	18.3%	17.3%
British Columbia	532	2,104	111	391	20.9%	18.6%
Manitoba	88	459	12	86	13.6%	18.7%
New Brunswick	69	197	19	46	27.5%	23.4%
Newfoundland	26	131	4	23	15.4%	17.6%
Northwest Territories	8	34	0	5	0.0%	14.7%
Nova Scotia	115	355	25	76	21.7%	21.4%
Ontario	1,578	5,730	207	700	13.1%	12.2%
P.E.I.	12	48	3	12	25.0%	25.0%
Quebec	1,246	2,735	206	367	16.5%	13.4%
Saskatchewan	73	276	22	65	30.1%	23.6%
Yukon Territory	5	15	0	3	0.0%	20.0%
Total	4,091	13,441	671	2,009	16.4%	14.9%

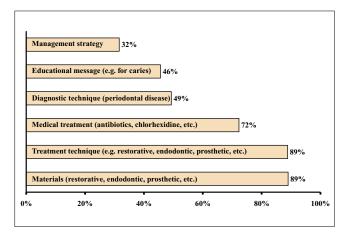
# *Table 1* Response rates of clinical dentists, professors and researchers by geographic location and gender (n = 2,696)

<sup>a</sup>Two questionnaires from Nunavut were not included in this table because of the absence of population data for that territory.

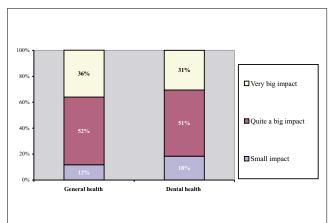
# Table 2Response rates of clinical dentists, professors and researchers by geographic location and<br/>type of dental practice (n = 2,696)

Practice location	Number of dentists in Canada		Distribution of respondents by location and gender <sup>a</sup>		Response rates (%)	
	Generalists	Specialists	Generalists	Specialists	Generalists	Specialists
Alberta	1,528	168	259	36	17.0%	21.4%
British Columbia	2,421	242	442	63	18.3%	26.0%
Manitoba	480	87	78	19	16.3%	21.8%
New Brunswick	241	25	61	4	25.3%	16.0%
Newfoundland	152	11	26	0	17.1%	0.0%
Northwest Territory	45	0	4	1	8.9%	
Nova Scotia	389	72	91	13	23.4%	18.1%
Ontario	6,467	884	798	112	12.3%	12.7%
P.E.I.	56	5	12	3	21.4%	60.0%
Quebec	3,623	371	496	77	13.7%	20.8%
Saskatchewan	319	38	76	11	23.8%	28.9%
Yukon Territories	20	4	3	0	15.0%	0.0%
Total	15,741	1,907	2,346	339	14.9%	17.8%

<sup>a</sup>Two questionnaires from Nunavut were not included in this table because of the absence of population data for that territory.



**Figure 1:** Percentage of dentists who have altered various elements of their clinical practice after having been informed of the results of dental research.



**Figure 2:** Percentage of dentists who think that research has a small, quite a big and a very big impact on the general and dental health of Canadians.

# Table 3Characteristics of clinical dentists who<br/>responded to the survey compared to<br/>characteristics of the dentist<br/>population in Canada

Variables	Sample ( <i>n</i> = 2,595)	Percentage of total sample	Percentage o the dentist population
Practice location			
Alberta	287	11.1	9.6
British Columbia	495	19.1	15.1
Manitoba	86	3.3	3.2
New Brunswick	65	2.5	1.5
Newfoundland	26	1.0	0.9
Northwest Territories	5	0.2	0.3
Nova Scotia	96	3.7	2.6
Nunavut	2	0.1	
Ontario	889	34.3	41.6
P.E.I.	15	0.6	0.3
Quebec	544	21.0	22.6
Saskatchewan	82	3.2	2.0
Yukon Territories	3	0.1	0.1
Total	2,595	100.0	100.0
Type of practice			
General practitioner	2329	90.0	89.2
Specialist	260	10.0	10.8
Periodontist	47	1.8	1.7
Prosthodontist	26	1.0	1.0
Endodontist	34	1.3	1.0
Pedodontist	44	1.5	1.1
Orthodontist	68	2.6	3.6
Oral surgeon	29	1.1	1.9
Public health	7	0.3	0.4
Oral medicine	5	0.2	0.2
Total	2,589	100.0	100.0
Gender			
Men	1,931	74.8	76.7
Women	652	25.2	23.3
Total	2,583	100.0	100.0
Age			
30 years or less	272	10.5	_
31 to 45 years	1,126	43.4	-
46 to 60 years	1,002	38.6	-
/	193	56.6 7.4	-
61 years or more			

an educational message and 32% had altered an overall management strategy (e.g., caries risk assessment).

• a large majority of respondents think that research has quite a big or a very big impact on both the dental and the general health of Canadians (Fig. 2).

#### Discussion

While the low response rate means we must be careful in our interpretation of the results, the available data suggest that Canadian dentists think dental research is good for the health of the population and for their own clinical practice. Research seems to be very useful to dentists with respect to materials and treatment techniques, although it has less of an impact on diagnostic techniques and educational messages. This is an interesting observation when we consider that, for a number of years, many researchers have been calling for changes in preventive, diagnostic and treatment strategies among dentists.<sup>1,2</sup> This difference between scientific discourse and routine clinical practice raises the issue of communication between researchers and clinicians. We will deal with this issue in the second article of this series.

#### Conclusion

The results of this survey suggest that research does have a direct impact on the work of a significant proportion of dentists.  $\Rightarrow$ 

Acknowledgments: The authors wish to thank the Institute of Musculoskeletal Health and Arthritis and the Canadian Dental Association for their financial and logistical support for this project and Drs. J.P. Lund and J. O'Keefe for their help in the design of the questionnaire and the organization of the study.

**Dr. Bedos** is a post-doctoral fellow (CIHR grant) in the faculty of dentistry, McGill University, Montreal, Quebec.

**Dr.** Allison is assistant professor in the faculty of dentistry, McGill University, Montreal, Quebec.

Correspondence to: Dr. Christophe Bedos, Faculty of Dentistry, McGill University, 3640, University St., Montreal, QC H3A 2B2. E-mail: christophe.bedos@mcgill.ca

The views expressed are those of the authors and do not necessarily reflect the opinions or official policies of the Canadian Dental Association.

#### References

1. Lasfargues JJ. Évolution des concepts en odontologie conservatrice. Du modèle chirurgical invasif au modèle médical préventif. *JDQ* 1999; 36(Février):65-77.

2. Anusavice, KJ. Treatment regimens in preventive and restorative dentistry. *J Am Dent Assoc* 1995; 126(6):727-43.

16. In terms of research funding priorities, please give your opinion on the priority level of each of the following specific fields of dental research

	Low priority	Medium priority	High priority	Don't know
<ol> <li>Amalgam</li> <li>Composite materials</li> <li>Other restorative materials</li> </ol>				
<ol> <li>Fluoride therapies</li> <li>Dental instrumentation</li> <li>Implants</li> </ol>				
<ol> <li>7. Dental caries</li> <li>8. Periodontal diseases</li> <li>9. Tooth loss</li> </ol>				
<ol> <li>10. Orofacial &amp; dental pain</li> <li>11. Infectious mucosal lesions</li> <li>12. Oral cancer</li> </ol>				
<ol> <li>Malocclusion</li> <li>Major malformations (e.g. clefts etc.)</li> <li>Trauma &amp; acquired anatomical defects</li> </ol>				
<ul><li>16. Smoking &amp; dental disease</li><li>17. Nutrition &amp; dental disease</li><li>18. Organization of dental services</li></ul>				
<ol> <li>Access to dental services</li> <li>Patient/dentist communication</li> <li>Infection control</li> </ol>				
<ul><li>22. Dental disease in children &amp; adolescents</li><li>23. Dental disease in adults</li><li>24. Dental disease in the elderly</li></ul>				
<ul><li>25. Dental disease in the disabled</li><li>26. Dental disease in First Nation's peoples</li><li>27. Dental disease in the poor</li></ul>				

17. Among the 27 topics mentioned above, or alternative topics not included in the list, please indicate what you think are the three most important topics for dental research in the future

	Number	Alternative topic not included in list above
First		
Second		
Third		



Canadian health research has recently undergone a major re-organization with the creation of the thirteen Canadian Institutes of Health Research (CIHR). Dental research falls under the mandate of the Institute of Musculoskeletal Health and Arthritis (IMHA). An important part of this re-organizing process is an evaluation of future health research priorities for Canada. In deciding upon these future priorities, the IMHA wishes to consult as widely as possible and this includes the input of dentists. We therefore ask you to take 10 minutes of your time to complete this questionnaire, the results of which could have a very important bearing upon the future of dental research in Canada. The questionnaire is anonymous and the absolute confidentiality of your response is assured. Once you have completed the questionnaire, please return it in the prepaid envelope provided. If you have any questions about the questionnaire or any related issues, please contact one of the survey organisers, Dr. Paul Allison of McGill University at (514) 398-7203 ext. 00045.

Thank you for your time,

J.P. Lund (Advisory Board, IMHA)

<b>1. How old are you?</b> <b>3</b> 0 yrs or younger	🔲 31-45 yrs	<b>46-60</b> yrs	🗋 61 yrs
<b>2. Are you?</b>	🗋 Male		
3. What is your principal	work role? (please tic	k only one box)	
Clinical dentist	Teacher	Researcher	Other
<ul> <li>4. In which field of dentist</li> <li>General practice</li> <li>Pediatric dentistry</li> <li>Dental public health</li> </ul>	<ul><li>Periodontics</li><li>Orthodontics</li></ul>	<ul><li>Prosthodontics</li><li>Oral surgery</li></ul>	-
5. In which province/terri	tory do you principall	y work? (please tick	only one be
British Columbia	U Yukon	🔲 Alberta	🔲 North
Saskatchewan	🔲 Manitoba	🔲 Nunavut	🗋 Ontar
Quebec	New Brunswick	🔲 Nova Scotia	Prince
Newfoundland and Labr	ador		

## A QUESTIONNAIRE ON CANADIAN DENTAL **RESEARCH PRIORITIES**



J.P. O'Keefe (Editor-in-Chief, JCDA)

s or older

x) odontics

oxnwest Territories rio e Edward Island

6. In your opinion, are the results of dental research						10. Have you ever altered an element of your clini		
a) easily ava	ilable to you	🗋 No	Yes	Don't know		of research?	?	
b) useful to	you	🗋 No	Yes	Don't know		🗋 No	Yes	Not applicable
						If yes, how?	•	A material (e.g. restor
7. Would yo	ou like the resu	ilts of dental	research to be	more easily available to you?		(N.B. You mo	ay tick	A treatment technique
🗋 No	Yes	🗋 Don't k	now/no interest			more than one)		A diagnostic techniqu
								A medical treatment (
If yes, how?	2	Through	n written media	(e.g. journals)				An educational messa
(N.B. You m		Through	n the Internet					An overall manageme
more than of		Through	n continuing ed	ucation and meetings				Other (specify
		Other (s	specify		)	11. How co	uld the CDA <b>b</b>	nelp promote dental resear
						Set up a r	mechanism for	funding research
8. What are	e your principa	al sources of i	information co	ncerning dental research?		Advocate	e for research f	unding at the federal level
Research	doesn't interes	st me: I have r	no principal sor	rce (N.B. You may tick more than one)		Publish more reports of research activities in Cana		
	ng education co					Disseminate the findings of Canadian dental resea		
	-					The organization of continuing education forums		
<ul> <li>Local dental society/study clubs</li> <li>Dental conferences/congresses</li> </ul>					Other (specify			
			• .•					
The Journal of the Canadian Dental Association				12. Would you like to be involved in research in any facilitator (i.e. permitting access to your patients)?				
•	neral dental jou					$\square$ No $\square$ Yes $\square$ Don't know		
Other spe	ecialist clinical	and/or researc	ch journals				_	_
The Inter	met						-	bes research have on the get $\Box$ Oute a big impost
Uvisits by	representatives	s of pharmace	utical, equipme	nt and other private companies		L None		impact <b>Q</b> uite a big im
Other (sp	ecify				)	14. How big an impact does research have on the		
						None None	$\Box$ A small i	impact <b>Quite a big im</b>
9. When rea	ading about re	search, whicl	h of the follow	ng formats is preferable for you?			s of research f reas of dental	unding priorities, please g research
🗋 Don't kn	ow/no interest	(N.B. You ma	y tick more tha	n one)				
No prefe	rence					Dattan un dat	standing of di	
A conven	ntional report of	f one study					-	sease processes
🗋 An abstra	act/resumé of o	ne study				Better understanding of patient behaviour		
A commentary with a series of abstracts (e.g. the "Clinical Abstracts" series in the JCDA)						Development of preventive techniques Development of diagnostic techniques		
A detailed systematic review on a subject						Development of treatments		
Translation	on of research i	into clinical pi	ractice guidelin	es		-	it of materials	
		Ĩ	-			-		of different techniques and
							ccess to dental	

## cal practice as a result of learning the results of some form

prative, endodontic, prosthetic, surgical)
ue (e.g. restorative, endodontic, prosthetic, surgical)
ue (e.g. for caries, periodontal disease)
(e.g. antibiotics, chlorhexidine, fluoride)
sage (e.g. for caries, oral cancer)
nent strategy (e.g. caries risk assessment)
)

rch in Canada? (N.B. You may tick more than one)

idian dental schools	
rch through its media contacts	
on research issues	
	)

y way; e.g. in deciding on research projects or as a

general health of Canadians?							
mpact	A very big impact	Don't know					
oral healt	h of Canadians?						
mpact	A very big impact	Don't know					

## give your opinion on the priority level of each of the

	Low priority	Medium priority	High priority	Don't know
d treatments				