Complete denture prostheses (CDP) treatment and care in Fiji: A qualitative study on dental professionals (DPs) perspectives on the triangle of communication (ToC)

Original Article

Complete Denture Prostheses (CDP) Treatment and Care in Fiji: A Qualitative Study on Dental Professionals (DPs) Perspectives on the Triangle of Communication (ToC)

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ABSTRACT

Introduction: Effective communication can aid in improving oral healthcare measures such as treatment outcomes and satisfaction of edentulous patients (EDPs) toward the treatment process. The triangle of communication (ToC) involves communication between the dentist, dental technician (DTech), and EDPs. This research aimed to explore the ToC between dental professionals (DPs) and patients undergoing complete denture prostheses (CDP) treatment in Fiji. **Materials and Methods:** A descriptive qualitative study was conducted among DPs under purposive sampling where focus group discussions were conducted at the four dental prosthetic clinics in Fiji. A semi-structured questionnaire with open-ended questions was applied to participants virtually via Zoom. The collected data were collated and analyzed manually using thematic analysis. **Results:** A total of 28 DPs participated in the study. Three themes were identified while exploring the ToC from DPs' perspectives on CDP treatment and care in Fiji: staff communication—dentist and DTech, ToC and information sharing (dentist–DTech and EDPs), and stage-by-stage procedural checks for CDP between DPs. Effective collaboration between dentists and DTechs is an essence of a successful CDP treatment outcome. Most DPs agreed to undergo continuous communication throughout the treatment to keep EDPs engaged throughout the treatment process. In addition, stage-by-stage procedural checks in dental clinics as well as in dental laboratories improved the quality of CDPs. **Conclusion:** DPs highlighted predominantly the ToC between DPs and EDPs when receiving CDP treatment in Fiji as an essential tool for effective DP and patient engagement. Discussions should be complemented with the use of verbal, nonverbal, and written modes together with the utilization of interpreters to improve CDP treatment and care in Fiji.

Keywords: *Complete dentures prostheses, dental professionals, edentulous patients, Fiji, triangle of communication*

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Introduction

Communicating effectively can improve oral healthcare treatment outcomes and complete denture prostheses (CDP) satisfaction in edentulous patients (EDPs).[1-3] The triangle of communication (ToC) is a vital tool that involves communication between dentists, dental technicians (DTechs), and the EDPs when providing CDP treatment and care.[4] The ToC provides a dominant platform on how dental professionals (DPs) and patients can

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openly discuss treatment alternatives related to CDP treatment and care, which will contribute to improved patient satisfaction quality in service delivery and the maintenance of the recommended hygiene standards.[5,6]

Achieving effective ToC is an existing challenge faced globally by DPs when considering practices toward enhancing CDP treatment and care.[7,8] The dentists should openly communicate and share information to EDPs on the guidelines for receiving CDP treatment, after which the dentists and the DTechs coordinate in sync based on clinical and technical skills, respectively, to produce a high-quality prosthesis, which is appreciated by the patient.[9,10] According to the World Health Organization (WHO) global databanks, the extensiveness of tooth loss, commonly known as "edentulism" stands between 7% and 69%.[11]

CDP aids EDPs in fulfilling physical and social needs, leading to overall improvement of oral health, which was initially lacking because of edentulism.[12,13] Keeping EDPs engaged throughout the CDP treatment process by adopting the tool of ToC from day one of treatment is essential for DPs at the dental prosthetic clinics (DPCs) in Fiji to achieve improved treatment and care outcomes.[14] DPs play a substantial role as oral health experts in assimilating the psychological experiences faced by EDPs while undertaking CDP treatment.

No previous study has been undertaken on the ToC between DPs and EDPs related to CDP treatment and care from DPs perspectives in Fiji. A few previous studies on EDPs[15] looked at CDP and its associated complaints. This limited information available for a developing country like Fiji makes room for further research in this area, which plays an essential role in the lives of the DPs in terms of exploring the ToC when providing CDP treatment in Fiji.

To fill the knowledge gap identified and neglected in the society related to effective CDP treatment and care, it was essential to communicate clearly between DPs and EDPs during CDP treatment in Fiji to achieve quality treatment outcomes. Furthermore, training DPs on communication techniques in oral healthcare is now considered a priority area for the research and development of effective strategies in policy developments related to CDP treatment and care. This study aimed to explore the ToC between DPs and EDPs undergoing CDP treatment and care in Fiji.

Materials and Methods

Study design and setting

A descriptive approach was undertaken in this qualitative study,[16] whereby DPs employed at the four DPCs in Fiji, of which one is based in the Northern Division, one in the Western Division, and two in the Central Division, had undergone focus group discussions (FGDs) from August 1, 2021, to September 1, 2021, to explore the perspectives on the ToC related to CDP treatment and care by utilizing semi-structured interview. The Consolidated Criteria for Reporting Qualitative Research was adopted in this study to ensure rigor.[17]

Recruitment

Upon correspondence with the Head of School (HOS) of the School of Dentistry and Oral Health and the Principal Dental Officers, who are the respective managers of the three government DPCs, a homogenous purposive sampling technique was used to recruit DPs who differed in characteristics. A sample size of 28 participants from the four DPCs was recruited for the study, which consisted of 5–10 members in the four FGDs until data saturation was reached.[18]

Sample and data collection

The inclusion criteria for DPs were as follows: dentists, DTechs, clinical dental technicians, males and females, DPs of all age groups, professionals who had at least 6 months experienced, and holding a valid registration with Fiji Medical and Dental Council and the DPCs at Fiji National University (FNU), Colonial War Memorial Hospital (CWMH), Lautoka and Labasa Hospitals. DPs that were dental hygienists (DHs), dental therapists, dental interns, those who did not practice, private practice dental practitioners, and DPs who were not willing to participate were excluded from the study.

A semi-structured questionnaire with open-ended questions was used to collect data with questions developed based on the literature review and the study's research questions for DPs in English medium. There were two sections of the questionnaire having a total of 14 questions, of which section 1 comprised of the demographic information of DPs such as age group, gender, ethnicity, classification of DP, sector, and division with six questions, which were collected individually before the commencement of the FGD. Section 2 had eight open-ended questions associated with the perspectives of DPs regarding the ToC between dentists, DTechs, and EDPs during CDP treatment and care in Fiji. The primary supervisor cross-checked the questionnaire to confirm its validity and appropriateness. The data were collected through four separate FGD sessions conducted at each DPC, which were facilitated by the principal researcher virtually via Zoom and lasted approximately 60 min. The FGDs were audiotaped to facilitate the analysis of the data. There was no form of blindness adopted in the study.

Analysis

The audio files from FGDs were transcribed verbatim by the principal researcher for analysis on the same day upon the completion of an FGD respectively.[19] The data were deidentified upon reviewing transcription, and quotes were anonymized.

Manual thematic analysis was undertaken for encoding qualitative information and identifying themes, subthemes, and codes found as summaries related to the perspectives of DPs on the ToC between DPs and patients in Fiji, which was then cross-checked by the second researcher to ensure coherence of ideas and credibility of results based on the thematic patterns that had emerged.

Study rigor

Numerous strategies were utilized in the research for the assurance of rigor and trustworthiness. The strategies addressed issues of transferability, credibility, confirmability, and dependability.[20] The transferability of findings was ensured by homogenous purposive sampling and FGD conducted until data saturation was reached. Credibility was ensured by contacting and advising DPs about the study before accepting their approval to undergo FGD respectively; the study was thoroughly discussed with the coresearcher at every stage and chapter; and digitally recording of FGDs with same-day transcribing of data was done by the primary researcher. For confirmability, the triangulation of data was adopted together with the adoption of conceptual triangulation of qualitative data by using frameworks in the study; lastly, for dependability, FGD questions were the same for all DPs, all data were coded and checked by coresearcher, and transcriptions were re-read to correct all possible errors and the research was initiated and executed using thorough systematic research of the existing literature related to the study.

Ethical consideration

Ethical approval for the study was obtained from the College of Human Health Research and Ethics Committee at FNU (reference: 033.21). DPs were aware of the voluntary nature of consent, and written informed consent was obtained prior to the commencement of the study.

Results

Characteristics of participants

Table 1 represents the demographical characteristics of DPs participating in FGDs. There were four FGDs conducted in this study. A total of 28 DPs (10 from CWMH, six from FNU dental clinic, five from Lautoka Hospital dental clinic, and seven from Labasa Hospital dental clinic) participated in the FGD, which was conducted virtually via zoom. Of the 28 DPs, the majority of participants were female (82%) having the age group from 20 to 30 years of age (43%). Most participants interviewed were Fijian of Indian descent (FID) (82%); 57% of DPs were DTechs, whereas 43% were dentists. In addition, based on the sector the DPs represented, the majority of participants were from the government/public sector (79%), particularly from the Central Division (57%). Each participant was assigned a specific number and coded from P1 to P28. The FGD to which each participant belonged was also indicated in the quotations respectively.

Table 1: Demographical characteristics of participating DPs for FGD (n = 28)

Characteristics		Frequency (n)	Percentage
Gender	Male	5	18
	Female	23	82
Age groups (years)	20–30	12	43
	30–40	7	25
	40–50	5	18
	50–60	4	14
Ethnicity	IT	5	18
	FID	23	82
Classification of DP	DO	12	43
	DTech	16	57
Sector	Public/government	22	79
	Private (FNU)	6	21
Division	Northern	7	25
	Western	5	18
	Central	16	57

IT = I-Taukei

Themes and subthemes

From the thematic analysis, three major themes emerged, which were staff communication—dentist and DTech, a ToC and information sharing (dentist–DTech and patient), and stage-by-stage procedural checks for CDP between DPs. Under these major themes, the subthemes were identified, which were summarized and illustrated in Table 2. The quotes will be based on the number of FGD such as FGD 1 and FGD 2 together with DPs' age and classification as DTech for dental technician and DO for dental officer to maintain confidentiality.

Theme 1: Staff communication—Dentist and dental technician

This theme demonstrated how DPs, DO, and DTechs communicated with each other when providing CDP treatment and care in Fiji. The findings highlighted three subthemes: collaboration between DO and

Table 2: Themes and subthemes of FGD

Themes	Subthemes
Staff communication—dentist and DTech	Collaboration between DO and DTech, harmonious prosperity in the team, DOs come back to DTechs in the laboratory
ToC and information sharing (dentist–DTech and patient communication)	Quality improvement, patient factors and clinician factors, patient teaching and encouragement
Stage-by-stage procedural checks for CDP between DPs	Role of both DO and DTech, strengthened system, standardization of procedures

DTech, harmonious prosperity in the team, and DOs coming back to DTechs in the lab.

Collaboration between dental officers and dental technicians

All DPs have mentioned that effective collaboration between DOs and DTechs is an essence of a successful CDP treatment outcome.

> *Very important as a dental officer is to work in collaboration with the technicians. Ensure technicians are happy with the impressions taken. If they want us to repeat the impression, it's always good to listen.* (FGD 1, 40-year-old, DO)

DPs also highlighted patient satisfaction when working together as a team.

> *I think we should notice that we are one team. I think sometimes the issue is that we tend to do our own ways and the clinician does their own thing. So if we get rid of that, we will surely end up satisfying the patient.* (FGD 2, 29-year-old, DTech)

Harmonious prosperity in the team

DPs elaborated on how good communication leads to better processes for patients.

> *Teamwork is very important in providing a better process to our patients. Good communication between DTech and DO is of paramount importance in delivering good prostheses to the patient.* (FGD 1, 45-year-old, DTech)

The effectiveness of communication between DOs and DTech throughout the CDP fabrication process was highlighted by many DPs.

> *So it's very important that we as a clinician, we need to communicate with our dental technician as this will result in a harmonious prosperity team and also the outcome of the denture would be good.* (FGD 2, 24-year-old, DO)

Dental officers come back to dental technicians in the lab

Both Dos and DTechs had highlighted that there should be reliability in the transfer of case information to and from the dental clinic and dental laboratory.

> *At times the DOs used to come back to us, in the lab and tell us what's going on in front clinic with their patients. Some of them they know they just don't want to wait, some of them prefer to go to the private.* (FGD 3, 47-year-old, DTech)

DPs discussed the relevance of DO and DTech in discussing individual patient cases with each other from clinical and technical aspects.

> *I also feel that it's good to have DOs come to the lab especially during busy times to discuss the case with DTech. When technicians look after the technical aspects, the quality of the denture really goes up.* (FGD 1, 40-year-old, DO)

Theme 2: Triangle of communication and information sharing (dentist–dental technician and patient communication)

This theme highlighted how DPs and EDPs communicate to share information relating to CDP treatment and care in Fiji. The findings from this study exhibited three subthemes: quality improvement, patient factors and clinician factors, and patient teaching and encouragement.

Quality improvement

The majority of DOs appreciate the role DTechs play in fabricating high-quality CDP for EDPs.

> *When DTechs come and see patients and the case, the quality of prosthesis really goes up. That's something I always encourage.* (FGD 1, 40-year-old, DO)

DPs also highlighted the importance of building good relationships with EDPs ensuring the improvement in treatment quality.

> *Even before you start off treatment I think it's the relationship that you have with your patient, the way you talk to patients, the way you keep involving patients is really important. If the patient doesn't have trust in you. Definitely, the quality and outcome of the treatment would not be good.* (FGD 4, 51-year-old, DTech)

Patient and clinician factors

A majority of DPs highlighted that patient and clinician factors play a vital role in a successful CDP production.

> *Two factors that we have to look at here, it's the patient factors and clinician factors. Clinicians and as technicians, the denture that you give to them should be of high quality, the other thing you have to see as technicians are your patient relationship that plays a very important role in prostheses production.* (FGD 3, 33-year-old, DO)

Most DPs elaborated on the importance of correctly understanding the trio (dentists, DTechs, and EDPs) and the information shared.

> *The field of making a complete dental prosthesis for a patient is not only the dentist doing it, not only the technician doing it. It is teamwork. So it's very important to understand each other and to get the information correctly from patients' point of view, dentists' and DTechs' point of view too.* (FGD 4, 43-year-old, DTech)

Patient teaching and encouragement

Participants also mentioned that the effectiveness of this ToC brings about the next step, which is EDPs role in cleaning and maintaining the denture.

> *The main thing is communication with the patient and showing them what needs to be done in terms of maintenance of denture. When we insert the denture, we advise the patients. There are a number of things that have been told to patients. And when patients take prostheses home, they follow instructions that have been given.* (FGD 4, 35-year-old, DO)

DPs also reiterated on the importance of involving and guiding patients throughout the treatment process together with taking into account their respective preferences.

> *When we construct a denture we involve the patients too. We have to find out what the expectations are, what they want from the denture like just for mastication.* (*FGD 3,* 35-year-old, DO)

Theme 3: Stage-by-stage procedural checks for complete denture prostheses between dental professionals

This theme showed the benefits of having stage-by-stage procedural checks for CDP between DPs to enhance the treatment outcomes. The findings displayed three subthemes: the role of DO and DTech, strengthened system, and the standardization of procedures.

Role of both dental officers and dental technicians

Participants stated that DTechs accompany DOs to see procedures to ensure correct clinical work is performed.

> *It is the role of both DO and Technician to get a record of good MMR. So DTechs always accompany DOs during MMR, try-in and insert stage.* (FGD 1, 45-year-old, DTech)

The majority of participants stated that stage-by-stage procedural checks in dental clinic as well as in dental laboratory improve the quality of CDP.

> *I also feel that it's good to have the technicians to come over and work together with DO especially during busy times.* (FGD 2, 42-year-old, DO)

Strengthened system

Participants also highlighted that there is a need to deploy a systematic method of tracking cases to ensure cases are performed based on respective procedures.

> *From what transfers from patient to clinician, and from clinician to lab. So we do have a system in place, but it can be further strengthened. So a few things like a tracking case when the cases are ready.* (FGD 4, 33-year-old, DO)

Having a strengthened system means DPs will be on the same level when providing CDP treatment and care to EDPs.

> *Each step will lead to a problem and one problem will lead to the other problem. So, that is one important thing, about having a strong and what we call a strengthened system, that all staff need to be on the same ground so that we are able to deliver this service that is more effective and optimum for the patient.* (FGD 2, 31-year-old, DTech)

Standardization of procedures

The majority of participants also mentioned having the standardization of procedures for CDP fabrication to promote effectiveness.

> *Regarding standardization of procedures in clinic and in the lab, it is very important. So we do things which is acceptable in that everybody agrees to.* (FGD 4, 43-year-old, DTech)

DPs agreed that the standardization of procedures will ensure that the correct procedure is followed, and the prosthesis will fit EDP.

> *It's very important that the procedures are standardized and we follow the set procedures so that there is a predictable outcome. So we know*

from the beginning, whether the denture would be fitting or not. (FGD 2, 29-year-old, DO)

Discussion

All DPs had stated having an effective collaboration with each other when treating EDPs, particularly the collaboration between DOs and DTechs. This finding had been evident in the literature where it was stated that almost 30% of patients' shade selection was performed by DTechs in dental laboratories with the EDPs. When dentists selected the shade, one shade tab identification was provided half of the time. On the contrary, only a negligible percent of EDPs' shade selection by dentists was based on multiple shade tabs or a combination of techniques.[21] It was also highlighted that DTechs expressed that the time for delivery requested by the dentists was insufficient for the quality work to be produced,[21,22] which correlates with the finding of this study where stated on the reliability in the transfer of case information to and from the dental clinic and the dental laboratory.

It was found in the study that the DOs had appreciated the important role of DTechs in the CDP treatment process for the EDPs. This finding was consistent with the previous, which reported teamwork and interprofessional relationships had been encountered among the DPs contributing to professionalism.[23,24] Furthermore, the treatment details were always cross-checked between the dentists and the DTechs to ensure clarity in the treatment process. This had not been consistent as found in an article stating that there was frequently no, or poor, communication between dentists and DTechs for CDP that is provisioned for the EDPs.[25] The patient and clinician factor also plays a role in the successful CDP fabrication, which was consistent in the literature where DPs improved their communication strategies to provide EDPs with comprehensible and legally tenable information, bridging knowledge gaps, help EDPs develop realistic expectations on the outcomes of CDP treatment, and also avoid becoming embroiled in the wrong claim.[26] A major finding in the study was the use of ToC. Based on the findings, Figure 1 had been developed outlining the ToC between dentists, DTechs, and EDPs toward CDP treatment and care in Fiji.

DPs had found that stage-by-stage procedural checks in the dental clinic as well as in the dental laboratory lead to improve the quality of CDP for EDPs if taken very seriously. This finding was not consistent in some studies where it was found that the secondary impression was eliminated from the second stage of the CDP fabrication procedure to minimize cost and clinical time.[27,28] It was also found that DTechs were accompanying DOs to see the procedure in the dental clinic to ensure the clinical procedure is performed correctly; this finding was consistent to a previous study where DTechs had the opportunity to observe the different stages of treatment in the clinic, giving them a better understanding of the significance of their work together with providing an opportunity to improve their communication skills with the EDPs.[29]

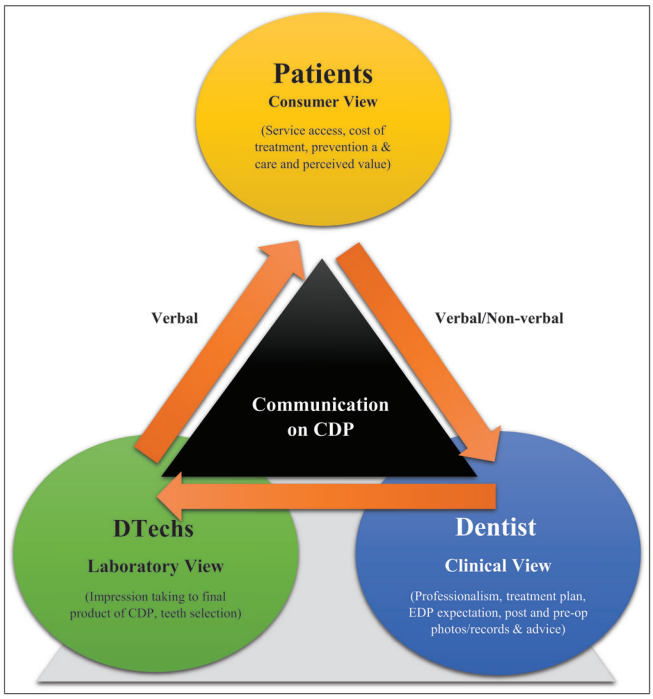

Figure 1: Triangle of communication between dentists, dental technicians (DTechs), and edentulous patients (EDPs). CDP = complete denture prostheses

Limitations

There were some limitations experienced in this study. First, the study included only DPs, particularly DOs and DTechs. It would be ideal to include DH who are also present and rostered with DOs during dental prosthetics treatment at DPCs. Because of COVID-19 restrictions, consent was received electronically where DPs signed consent forms and were emailed back to the primary researcher. Lastly, the study was conducted at Divisional Hospitals in Fiji (CWMH, Lautoka and Labasa Hospitals) and FNU dental clinic, which were situated in urban zones and not the nearest health centers for EDPs as CDP clinics are not decentralized.

Conclusion

The study provided a greater insight into DPs' perspective on ToC related to CDP treatment and

care in Fiji. DPs shared a variation of views on ToC relating to CDP treatment and care in Fiji, which highlighted staff communication—Dentist and DTech, ToC and information sharing (dentist–DTech and EDPs), and stage-by-stage procedural checks for CDP between DPs. The findings highlighted the approaches best suited for DPs and EDP engagement practices in providing comprehensive treatment and care with CDP. The practice of ToC displayed the essence of a complete CDP treatment and care for EDPs in the need of quality prostheses. Communication with the use of verbal, nonverbal, and written modes together with the utilization of interpreters in order to improve CDP treatment and care in Fiji was very well complemented in the study.

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Nil.

Conflicts of interest

There are no conflicts of interest.

Authors' contributions

MN and MM planned and designed the study. The study was supervised by MM. MN collected data and both authors contributed to the data analysis and the drafting and revising of the paper gave final approval of the revision to be published, and agree to be accountable for all aspects of the work.

Ethical policy and institutional review board statement

This work was supported by College Human Health Research Ethics Committee (CHHREC) of FNU (Ref: 033.21).

Patient declaration of consent

Not applicable.

Data availability statement

The datasets used and/or analyzed during the current study are available from the corresponding author upon request.

References

1. Rodrigues A, Dhanania S, Rodrigues R. "If I have teeth, I can smile." Experiences with tooth loss and the use of a removable dental prosthesis among people who are partially and completely edentulous in Karnataka, India. BDJ Open 2021;7:34.
2. Murthy V, Sethuraman KR, Rajaram S, Choudhury S. Predicting denture satisfaction and quality of life in completely edentulous: A mixed-mode study. J Indian Prosthodont Soc 2021;21:88-98.
3. Bishop M, Dixon J, Mistry B. Complicating factors in complete dentures: Assessing case complexity. Br Dent J 2021;231:451-5.
4. Alauddin MS, Baharuddin AS, Mohd Ghazali MI. The modern and digital transformation of oral health care: A mini review. Healthcare 2021;9:118.
5. Thilakumara IP, Prathibhani KU, Rasnayaka SGK, Abeysundara SP, Jayasinghe RM. Does the level of confidence exhibited by dental students predict the outcome of complete denture therapy? Int J Dent 2020;2020:9752925.
6. Baba NZ, Goodacre BJ, Goodacre CJ, Müller F, Wagner S. CAD/CAM complete denture systems and physical properties: A review of the literature. J Prosthodont 2021;30:113-24.
7. Petersen PE, Ogawa H. Promoting oral health and quality of life of older people—The need for public health action. Oral Health Prev Dent 2018;16:113-24.
8. Gamarra S, Bärnighausen K, Wachinger J, McMahon SA. 'We had to take a hammer to get some roots out'-experiences, motivations and challenges among volunteer dentists: A qualitative study. Br Dent J 2021:1-6.
9. Paladino J, Lakin JR, Sanders JJ. Communication strategies for sharing prognostic information with patients: Beyond survival statistics. JAMA 2019;322:1345-6.
10. Fernandez M, Hogue CM, Ruiz JG. The role of oral health literacy and shared decision making. In: Oral Health and Aging. Cham: Springer; 2022. p. 263-78.
11. Frencken J. Caries epidemiology and its challenges. Caries Excavation: Evolution of Treating Cavitated Carious Lesions. Vol. 27. Karger Publishers; 2018. p. 11-23.
12. Denis F, Pelletier JF, Chauvet-Gelinier JC, Rude N, Trojak B. Oral health is a challenging problem for patients with schizophrenia: A narrative review. Iran J Psychiatry Behav Sci 2018;12:e8062.
13. Marín Zuluaga DJ. Oral Health in Institutionalised Elderly: Relationship between Cognitive Impairment, Mortality, Oral Health Related Quality of Life, and Oral Health. Effect of an Oral Health Educational Program to Caregivers, Doctorate thesis, Department of Stomatology, Faculty of Dentistry, University of Granada, Spain; 2011.
14. Felton D, Cooper L, Duqum I, Minsley G, Guckes A, Haug S, *et al*. Evidence-based guidelines for the care and maintenance of complete dentures: A publication of the American College of Prosthodontists. J Prosthodont: Implant Esthetic Reconstr Dentistry 2011;20:S1-2.
15. Mousa MA, Lynch E, Kielbassa AM. Erratum: Denture-related stomatitis in new complete denture wearers and its association with Candida species colonization: A prospective case-series denture-related stomatitis in new complete denture wearers and its association with Candida species colonization: A prospective case series. Quintessence Int 2020;51:687.
16. Doyle L, McCabe C, Keogh B, Brady A, McCann M. An overview of the qualitative descriptive design within nursing research. J Res Nurs 2020;25:443-55.
17. Buus N, Perron A. The quality of quality criteria: Replicating the development of the consolidated criteria for reporting qualitative research (COREQ). Int J Nurs Stud 2020;102:103452.
18. Smith JA, Smith J. Validity and qualitative psychology. Qualitative Psychology: A Practical Guide to Research Methods; 2003. p. 232-5.

19. Boyatzis RE. Transforming Qualitative Information: Thematic Analysis and Code Development. Sage; 1998.
20. Oliver DP. Rigor in qualitative research. Res Aging 2011;33:359-60.
21. Hatzikyriakos A, Petridis HP, Tsiggos N, Sakelariou S. Considerations for services from dental technicians in fabrication of fixed prostheses: A survey of commercial dental laboratories in Thessaloniki, Greece. J Prosthet Dent 2006;96:362-6.
22. Leith R, Lowry L, O'Sullivan M. Communication between dentists and laboratory technicians. J Ir Dent Assoc 2000;46:5-10.
23. Afsharzand Z, Rashedi B, Petropoulos VC. Communication between the dental laboratory technician and dentist: Work authorization for fixed partial dentures. J Prosthodont 2006;15:123-8.
24. Afsharzand Z, Rashedi B, Petropoulos VC. Dentist communication with the dental laboratory for prosthodontic treatment using implants. J Prosthodont 2006;15:202-7.
25. Van De Camp K, Vernooij-Dassen MJ, Grol RP, Bottema BJ. How to conceptualize professionalism: A qualitative study. Med Teach 2004;26:696-702.
26. Wang G, Gao X, Lo EC. Public perceptions of dental implants: A qualitative study. J Dent 2015;43:798-805.
27. Kawai Y, Murakami H, Takanashi Y, Lund JP, Feine JS. Efficient resource use in simplified complete denture fabrication. J Prosthodont 2010;19:512-6.
28. Vecchia MP, Regis RR, Cunha TR, de Andrade IM, da Matta JC, de Souza RF. A randomized trial on simplified and conventional methods for complete denture fabrication: Cost analysis. J Prosthodont 2014;23:182-91.
29. Reeson MG, Jepson NJ. "Bridging the gap." Should the training of dental technicians be linked with that of the dental undergraduate? Br Dent J 2005;198:642-5; quiz 648.