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COMMENTARY

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Patient-Centred Care in Dentistry: Definitions and Models - Commentary

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Abstract

Patient-centred care is an important approach that is currently being adopted, to varying degrees of success, in a number of healthcare settings, particularly in family medicine and nursing. However, patient-centred care is relatively understudied in dentistry. This commentary aims to provide a general overview of patient-centred care studies conducted in dentistry, of how the approach is defined in this setting, and of the different models that have aimed to operationalize the concept. This concept is particularly relevant to dental education as current guidelines for dentists encourage and require them to adopt different dimensions of this approach. In addition to policies and guidelines, there is evidence that suggests that the adoption of patient-centred care would result in positive outcomes.

KEYWORDS

dental services research, patient-centred care, person-centred care

1 | PATIENT-CENTRED CARE

Patient-centred care (PCC) as a concept and term can be traced back to Balint and his group,[1,2] who called for examining patients' psychological needs in addition to their biological symptoms and for a view of the patient as a unique human being, which is not the case in "illness-oriented medicine." The illness-oriented biomedical model focuses on the disease and does not consider patients' experience of their illness or how their social environment and circumstances affect how they view their illness.[3,4] In addition to contrasting with the biomedical model of care, PCC also differs from the doctor-centred model of care, in which the doctor dominates the consultation and the main job of the patient is to answer the doctor's questions.[5] Since PCC's inception, many models and definitions have been proposed in the literature.[6] The most common models are those described by Stewart et al[7] and by Mead and Bower.[7,8]

2 | PATIENT-CENTRED CARE IN THE DENTAL LITERATURE

The term and concept of PCC were first used in medicine and were adopted into dentistry. The interest in PCC and how it can be applied to dental settings is recent, and only a few empirical studies have examined how it can be adopted into dentistry and what the benefits of this concept of care might be to dental patients and dentists.[9] In addition to intervention studies that focused on how to adopt PCC, a few papers examined how this concept can be taught to dental students; some of these papers are review papers rather than empirical studies.[10-12] In any case, these papers indicate a budding interest in PCC and encourage researchers to examine this area of study. The dentistry literature is showing more awareness of both the importance for dentists to become competent in the art of PCC and the necessity for graduating dental students to be able to practise PCC.[13] This is

evident by the fact that teaching PCC is currently seen as a core component of the curriculum in a number of dental institutes.[10,11]

The need for PCC, which helps tailor the care provided to the individual patient, is urgent, particularly in dentistry. Prevention is an essential component of dental care, especially considering that many oral diseases, such as caries, are preventable by nature. PCC can help in providing preventive care, seeing as in a number of PCC models, such as Stewart et al's (2003), prevention is one dimension of PCC.[7,14] In addition, the nature of common oral diseases usually requires patient collaboration, as changes in behaviour, in particular preventive behaviour, are needed to improve the condition.[15] Adopting PCC by involving the patient in the decision and understanding the patient's perspectives would likely increase the likelihood of patients following dentists' suggestions.

Therefore, educators need to modify the curriculum to incorporate the core dimensions of PCC.[16] This has been achieved in a number of places with some promising results.[17,18] Teaching students PCC skills in the first years of undergraduate study is not sufficient. Some concerns have been raised regarding the decline in students' level of patient-centredness during their clinical clerkship and working experience.[19] This necessitates a closer look at the internship and continuing education curriculum. One study in particular showed that students mentioned the difficulty of dealing with their emotional reactions to patients.[20] Thus, there is a need to teach emotional intelligence and similar soft skills to students throughout their undergraduate study. Furthermore, adopting PCC has been shown to result in a number of positive outcomes such as improvement in patients' emotional and physical health, increased adherence to treatment, lower utilisation of healthcare services, increase in patient and healthcare professional satisfaction and fewer malpractice claims.[21-27] It should be noted that these findings came mainly from studies conducted in medical fields, again stressing the need for studies on the effects of PCC interventions in dental settings.

In addition to the aforementioned points, the need for PCC is particularly important in dental education, because current guidelines for dentists require the adoption of different dimensions of this approach, and for the approach to be adopted, it needs to be taught to prospective dentists first.[28]

To showcase this growing interest in PCC in dentistry, two systematic reviews were carried out. The first is by Mills et al,[29] who conducted a systematic review to identify the different dimensions of PCC as mentioned and identified in dentistry research. The studies stress the following as the main features of PCC in dentistry: importance of patient–dentist communication, empathy, individualised care and information. This systematic review shows that there are differences between medicine and dentistry in terms of PCC. Some PCC dimensions that are important in medicine do not seem to be significant in dentistry, such as "involvement of family and friends," "co-ordination and integration" and "physical comfort." The reviewers noted that the studies included in the review are not representative of the average patient or of the average dental visit. In this systematic review, no definition of PCC was provided; this was a decision made by the authors to allow for more inclusion of different papers. However, this lack of definition could have resulted in the inclusion of papers with broad or inaccurate definitions of PCC.

The second systematic review was conducted by Scambler et al,[30] who were interested in examining how the concept of PCC is defined in the dental literature. They found that even though there is a growing interest in PCC that is reflected in the increasing number of studies, most of these studies do not provide an appropriate definition of the concept, presenting PCC merely as a synonym to "good quality care." However, it should be noted that Scambler et al's[30] systematic review examined and rated the papers based on the authors' own definitions of PCC. This might have resulted in a lower rating for papers that defined PCC from a different perspective.

However, as can be seen from this section, PCC is understudied in dentistry, especially compared to medical and nursing fields, where a number of reviews and systematic reviews of the definitions and effects of PCC have been conducted.[31-33] There is still a lack of clarity regarding what PCC as a concept means in dentistry and how it should be practised.

3 | DEFINITIONS OF PATIENT-CENTRED CARE IN DENTISTRY

Although there is a scarcity of studies on the effects of adopting PCC as an approach in dentistry, efforts have been made to define the concept in dentistry and for dental settings. For example, Phillips[34] stated that PCC *"has two characteristics: it is closely congruent with and responsive to the patient's wants, needs, and preferences, and it considers the psychological, social, cultural, and economic dimensions of the patient in addition to physical findings"*.[34] He discussed some of the dimensions that are commonly associated with PCC, such as information provision, patient–doctor relationship and decision-making. Furthermore, he explained that PCC is needed due to aspects such as law requirements including informed consent, as well as quality assessment. Phillips' (1999) definition of PCC covers the main aspects of the concept, which is not the case with other definitions provided. Some definitions of PCC in dentistry do not cover any of the main dimensions of PCC; rather, they equate PCC with being nice to the patient.[35] In other cases, the term PCC is mentioned but not followed up with a definition or with how it can be applied in dental settings.[36]

4 | MODELS OF PATIENT-CENTRED CARE IN DENTISTRY

Although the concept of PCC is not clearly defined in the dental literature, there are currently six models of PCC in dentistry.[37-42] Two of these six models were developed based on patients' perspectives or have incorporated patients' views in addition to dentists'.[37,41] The majority of these models used interviews to inform the development of their models.[37,38,41] The remaining models were developed based on a review of the literature [40,42] or by

examining the different approaches to PCC, applying them in practice and modifying these approaches based on the result, until arriving at the final model.[39] The understanding of the patient dimension including understanding their social context and how they experience the disease is present in all the models. However, the second main dimension of PCC, which is shared decision-making, was highlighted in most models[39-42] but not in all of them. The importance and effect of the wider context of health care on PCC was acknowledged in two of these six models.[40,41] In general, the PCC models in dentistry seem to stress the importance of providing humane care to the patients and making a connection with them.

In conclusion, there is currently a growing interest in the concept of PCC in dentistry, and a number of models and definitions have been proposed. Nonetheless, the concept is understudied in dentistry, and the number of empirical studies is relatively low. A considerable number of papers on PCC are opinion papers or reviews, which do not examine the concept in depth or how it can be applied in dental settings. As for the models, although they can be seen as a move in the right direction because they work to operationalise the concept for dental settings in particular, most of them were developed for or by particular dentists or patients who were not representative of the average dentist or patient; thus, the models need to be examined in more settings and with different groups of dentists and patients to assess whether they can be generalised and therefore adopted by practising dentists. Finally, more studies that examine different types of interventions based on different dimensions of PCC need to be conducted to assess what types of interventions are best suited for dental settings.

CONFLICT OF INTEREST

The authors of this paper declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analysed in this study.

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