

UNDERSTANDING PATIENT MOTIVATION I

WHY DON'T PATIENTS ALWAYS FOLLOW ADVICE?

Dispensing advice to patients about their oral health routine is part of your everyday role. But do you sometimes feel your words are falling on deaf ears? Do patients claim that they are following your advice but their gingival condition or tooth decay tells you otherwise?

As more knowledge about practitioner-patient communication is uncovered, the answers to these questions have become clearer. In this first article reviewing patient motivation, we discuss various barriers that prevent patients from following advice and explain why 'concordance' – where a patient is empowered to take ownership of their health and treatment in partnership with the healthcare practitioner – is a more effective approach than 'compliance'.

The traditional approach to motivating patients to change behaviour is often termed the 'compliance' model and involves the oral hygiene professional explaining the health facts of the situation, and prescribing an oral hygiene or treatment regimen using logical arguments focusing on long-term benefit. 'Compliance' in a healthcare setting makes two assumptions: 1. the practitioner 'knows best'; and 2. patients will follow instructions regardless of their own beliefs or wishes.

So why do some patients apparently ignore what seem to be simple instructions, despite the fact that your advice will benefit their oral health or directly impact on the success of a treatment plan? The concept of 'non-compliance' is not new and is one that healthcare professionals have consistently struggled with. First documented as far back as 200 BC, Hippocrates is credited with saying: "Be alert to the faults of



Some essential definitions

There has been much written about communication between health professionals and patients as well as patients' adherence to advice. Some of the terminology used is outlined here.

Compliance: A measure of the extent to which patients follow prescriptive instructions. It makes two assumptions: 1. the practitioner 'knows best'; and 2. patients will follow instructions regardless of their own beliefs or wishes.

Concordance: A therapeutic alliance between health professional and patient, in which they share decisions and negotiation takes place between equals. The patient's knowledge and beliefs are valued and he/she is seen as a partner.

Persuasion: The process of guiding people towards the adoption of an idea, attitude or action using your social or professional influence.

Motivation: The reason(s) that someone (including yourself) engages in a particular course of action. The level of motivation can be measured by what they choose to do, the intensity of activity, their performance and how well they sustain the activity.



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patients who lie about their taking of medicines prescribed and when things go wrong, refuse to acknowledge their fault.” Today the issue of ‘non-compliance’ has become a major concern in medicine. Research suggests that around 50% of patients with chronic disease do not take their medication correctly (RPSGB, 1997) even if this puts their lives at risk.



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The fact that patients think their brushing habits are better than they are clearly has implications for practitioners wishing to change their patients’ behaviour.

With this in mind, a number of programmes have been initiated by healthcare organisations, patient support groups and pharmaceutical companies, like GlaxoSmithKline, that provide resources to improve patient and provider education. These address the barriers to ‘compliance’ and aim to improve patient outcomes by taking an approach based around ‘concordance’ and patient empowerment. Information resources have been designed to empower the patient with knowledge and support the dialogue between the patient and their healthcare provider.

One challenge is that some patients are unable to appreciate the long-term benefits of taking their medication as they do not perceive any change in their health on a daily basis. This same issue faces dental practitioners. For example, patients following a prescribed oral hygiene programme are expected to input ongoing repetitive effort for a hoped-for, long-term benefit.

Dentistry dialogue

In dentistry, several studies have shown that a disconnect between patient and practitioner can exist for several reasons. These have a number of implications and highlight that, as with medicine, there is a similar need to foster concordance and empowerment in order to improve patient outcomes.

In discussing novel biofeedback models to motivate patients with periodontal disease, Chapple and Hill indicate that although maintaining a thorough home care routine directly impacts on the success

Dialogue disconnect

In recent years it has become accepted that a different approach to the traditional ‘compliance’ model is needed and there have been some key learnings from the field of medicine. For example, early research on physician-patient communication and decision-making about prescription medication indicated that doctors underestimate the degree to which they instruct, while overestimating the extent to which they consult patients and elicit their views (Makoul, 1995).



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of a treatment plan, patients often fail (Chapple, 2008).

Similarly, a study by McCracken and his team at Newcastle University illustrated this further; although up to one-third of gum disease patients correctly followed advice to brush their teeth for 2 minutes twice a day, more than half thought they had done so when they had not



How many psychologists does it take to change a light bulb? Only one – but the light bulb must want to change.

(Newcastle University's School of Dental Sciences, 2005). The fact that patients think their brushing habits are better than they are clearly has implications for practitioners wishing to change their patients' behaviour.

Another study observed that while patients' brushing and flossing ability increased dramatically over 3 weeks following two sessions of oral hygiene instructions, with benefits on plaque removal, adherence reduced as soon as instruction and supervision came to an end (Stewart, 1989). This highlights how important it is for the practitioner to provide patients with the appropriate help and support to enable them to change their behaviour over the longer term.

Partnership approach

These studies highlight some of the issues faced by practitioners and offer useful insights into how patient dialogue and motivation can be improved. Current

attitudes in relation to this are centred on building a true partnership with patients that involves approaching all treatment decisions in an attitude of '**concordance**' rather than '**compliance**'. This means that "Do as I tell you" should give way to "Let's discuss your treatment options and agree what's best for you".

It is clear that a number of factors impact upon a patient's willingness and ability to engage in a productive dialogue and take ownership of a prescribed home care routine or treatment plan. These include the severity of the condition, the time necessary to complete the treatment, how complicated the plan is and the immediate benefits provided by the treatment. For example, in terms of periodontitis, patients need considerable motivation to engage in what is a considerable daily commitment and re-motivation on a regular basis is key for longer-term success (Chapple, 2008).

Other elements that come into play centre on the patients themselves, such as personality type and this is discussed further in the article '*What makes your patient tick*'. Socio-economic background, age and belief structure as well as the relationship that exists between patient



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and practitioner also play a role. The approach taken to patient education is an important factor – indeed Blinkhorn suggested that all too often patient education is unplanned, haphazard,

want to follow your advice! For example, a teenager may see gum disease and tooth loss as a distant possibility and may therefore lack motivation to alter his/her behaviour.

Motivation is what gets you started. Habit is what keeps you going.

Jim Ryun, World record holding athlete and US politician

not relevant to a particular patient and difficult to understand (Blinkhorn, 1993). How much has this situation changed?

Putting up barriers

When combined together, it is clear that there are a number of factors that the dentist or hygienist must navigate around in order to effectively counsel their patient and motivate them to act in an effective and sustained way. But what stops patients from following advice?

Communication failure is common and getting your message across can be blocked in many ways. This may stem from a serious breakdown in communication to just a simple misunderstanding. Your patient may be under stress, may have misheard or simply may not be listening. The result is that the patient leaves the surgery with no clear idea of what action to take.

Alternatively, your patient might lack motivation and have little intention of changing their behaviour. If they are to carry out your instructions, they need to understand the benefits, be aware of the disadvantages and be clear about what is in it for them – your patient has to

Physical reasons are also an important barrier to be aware of. A young patient may dislike the taste of their toothpaste, while an older person with dexterity problems may find it difficult to hold a toothbrush or may struggle with flossing. Consequently, the patient may simply abandon the practical elements of their home care routine.

So why might concordance be a more effective approach than compliance? Simply conveying information and increasing knowledge does not necessarily lead to a change in behaviour nor does it engage a patient's views and concerns. Patient concordance involves consulting your patients and eliciting their views, based on partnership. By doing so, your patients would feel that their voices are heard and that their beliefs, needs or concerns are considered. Ultimately, the patient should believe that the decision to follow a particular course of action is theirs.

Of course it will require patience and engagement on the part of the provider, which in itself may require a different approach to patient communication.



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Further information

For further information about various approaches that may be helpful for managing behavioural change, refer to '*Influencing behavioural change: strategies for success*'. Three further articles on effective communication to help get your message across and two slide decks on patient motivation and communication are also provided within the Patient focus section.



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