

# Behaviour change in dentistry: *what really works?*

**Rhiannon Jones<sup>1</sup>** and **Tim Newton<sup>2</sup>** share a four-step approach to behaviour change in dentistry, highlighting why a trusting patient-clinician relationship is the essential foundation for lasting results.

**W**orking with patients to improve their oral health-related behaviour is a central component of dental care – self-care is critical to lifelong oral health. However, this can be a challenge for the oral healthcare team.

In this article, we outline a four-step approach to creating and maintaining behaviour change (Fig. 1). We also emphasise an essential underpinning element: an ongoing, trusting relationship between the oral healthcare team and the patient, which recognises that behaviour change is difficult, often imperfect, and progresses at different paces depending on individual circumstances.

## Building trust for behaviour change

A relationship of trust and mutual respect will enable the oral healthcare team and their patients to work towards joint decisions about how to change their behaviour. These key communication skills are important:<sup>1</sup>

- Developing rapport through showing an interest in the patient and a willingness to help. Listening to the patient's concerns and the challenges they anticipate in making the change to their behaviour
- Appropriate empathic responses. While behaviour change may seem easy to us, for patients it may be frustrating or stressful. Understanding and acknowledging these emotions will help to build a therapeutic relationship

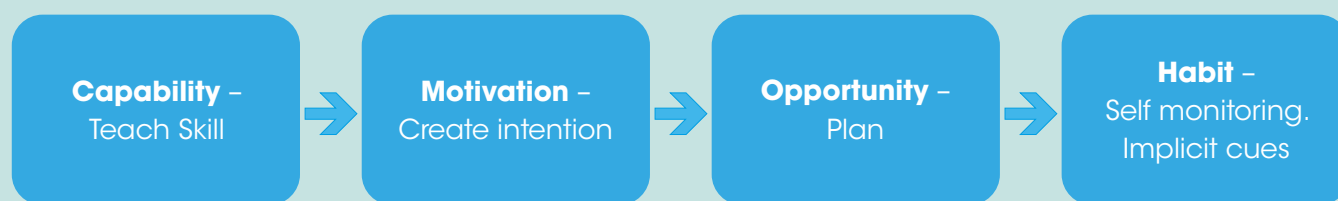


Fig. 1 The four-stage model of behaviour change for dental settings

- Involving the patient in decision-making through seeking the patient's opinion of options and offering the patient choices
- Ensuring that change is seen as a continuous process, working together over time and acknowledging that the rate of change is not linear, and may be disrupted by external events (such as holidays, work-related stress, etc.).

### Developing patient capability

Oral self-care requires the practice and perfection of key manual skills, including toothbrushing and interdental cleaning. Like other manual skills, it can be learnt through observation of another person (modelling), combined with feedback on how well the patient is performing the task.<sup>2</sup>

### Author information

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Consider asking your patient to demonstrate how they brush their teeth and providing feedback about what they are doing well, and where changes can be made to improve their technique. Similarly, interdental cleaning can be demonstrated on a model, followed by encouraging the patient to try using floss or interdental brushes themselves and providing feedback. Encourage the patient to discuss which they find easier or more convenient: brushes or floss?

information presented graphically than in terms of statistical susceptibility.

The benefits of behaviour change can be explored through seeking to understand what is important to each patient about their oral health. For example, the ability to smile in photographs, or talk and eat without embarrassment. It is generally acknowledged that focusing on benefits is more important than discussions on the avoidance of harm (for example, losing teeth), which are less motivating.

***‘By emphasising the benefits patients may notice from changing their behaviour, the healthcare professional helps the behaviour become intrinsically rewarding rather than dependent on external feedback.’***

### Motivation for self-care

A systematic review of previous research exploring the most effective techniques to enhance the intention to change behaviour identified three important components:<sup>3</sup>

1. Discuss the patient's susceptibility to disease
2. Emphasising the benefits of changing behaviour
3. Enhancing the patient's perception of their ability to change (self-efficacy).

Helping a patient to understand their susceptibility to oral disease provides a context for why change is important. There are a number of ways in which susceptibility can be presented: as traffic light systems or by comparison with the general population. In general, patients are more able to understand

Previous research suggests that patients have a low sense of their ability to control their own oral health, especially in comparison to their general health.<sup>3</sup> Emphasise the importance of the patient's own behaviour. They are responsible for the daily care, whereas the oral healthcare team are only involved on the days that they visit the practice.

There are three main ways to achieve this:

1. Provide supportive statements to encourage patients
2. Make small changes that accumulate to show that change can be made in small steps
3. Share (with permission) other patients' successes to demonstrate how, though difficult, people can make change.

## Planning change, enhancing opportunity

Psychologists identify that people often face a particular challenge of transforming their intentions to change their behaviour into action. That is, people may have the capability to change and the motivation to change but struggle to enact the change. This is often because people have busy lives and are carried forward on the inertia of their existing routines and behaviours.

In order to enact behaviour change, patients can be asked to PLAN the behaviour change.<sup>4,5</sup> This creates the time and opportunity for the behaviour. Plans typically involve working with the patient to identify:

- When the new behaviour will be carried out
- Where it will take place
- What resources may be needed.

The plan should be realistic and focused on each patient's particular circumstances.

## Moving from plan to habit

On average, it takes 66 days of daily repetition

***'We need only look at the lack of success of some of our previous techniques and reflect on why the older model of "instructing" our patients simply doesn't work to see that a paradigm shift is required.'***

of a behaviour before it becomes habit.<sup>6</sup> Therefore, once a patient has started to change their behaviour, it is important to provide support to encourage them to continue until the habit is established.

Techniques for encouraging the development

of a habit include:

- Building cues to behaviour
- Encouraging patients to focus on the rewards that arise from the behaviour change.

Much of our behaviour is driven by cues that

## Practical tips for behaviour change

By Rhiannon Jones

The four-step framework (Fig. 1) acts as an excellent guide to help oral healthcare professionals to understand how to communicate effectively with those who trust us with their care. We can often be too 'black and white' with our intended outcomes. If every patient took our initial advice, we would be thrilled, but they often don't.

We need only look at the lack of success of some of our previous techniques and reflect on why the older model of 'instructing' our patients simply doesn't work to see that a paradigm shift is required.

Working in partnership is critical. Being genuinely interested in our patients and listening to their current perceptions is vital for true engagement and progress. Using this four-step framework, one could consider the following:

1. A structured introduction to the appointment that makes it clear that you are mostly interested in their home-care routine and what issues they are currently experiencing.
  - ◆ 'Could I ask you about your home care routine please as it is what you do at home every day that makes the biggest difference?'
  - ◆ It is important that they believe that you think they are capable of change

2. An ability to resist the urge to 'put them right'. So, a patient uses a manual toothbrush. If you instantly 'tell' them to swap to an electric toothbrush before carrying out an oral assessment, it suggests to them that you do not offer individualised care. If what they use is effective, acceptable and causes no harm, why would you change it? It can also be useful to ask them why they do not clean in between their teeth.
  - ◆ 'Can I ask if you have tried interdental cleaning before and, if so, what have you tried and why did you stop?'
  - ◆ This acknowledges a genuine interest in them and allows you both to explore their motivation. We should try to inspire and motivate rather than shame and admonish.
3. Be flexible. We have all been taught to practise evidence-based dentistry, but not everyone can, or indeed will want, to use certain products. It can be helpful to ensure the patient knows what our goal is and how, together, you will find a routine that works for them. Better that patients use a product designed for interdental cleaning every day, even if it is not the most evidence-based option, than use the ideal product only once a week.
  - ◆ 'Our goal for you is to be free of dental disease and, to do that, we need to find a routine that will clean every surface

*of every tooth, every day. Would you allow me to demonstrate a few different products that I think might suit you? If you find these don't really suit you, please let us know as we will find something to ensure that you can have a completely healthy mouth.'*

- ◆ It can be helpful to ask them to identify a time in the day that they could do this new task.
4. Review and revise. Let them know when you should see them again and why. What will you be looking for? No bleeding, a reduced plaque score, a reduction on caries or pocket depths? They need to know how a positive outcome will be measured and how they can manage this themselves.
    - ◆ 'So, when I see you in "x" months, I am hoping that your gums will no longer be bleeding when you brush and that you have been able to build the interdental cleaning into your routine. We will remeasure and it will be great to be able to show you what a difference you have made. You could try hooking your floss pick over your electric toothbrush, so it is a visible prompt, or leave your interdental brushes by your phone charger perhaps? Remember, we just need to find you a way to clean every surface of every tooth, every day.'
    - ◆ Repetition and positive feedback work. Shame and disappointment rarely do.



indicate when to engage in a behaviour. Often these cues are a particular time or associated with another behaviour (for example, brushing your teeth before going to bed). By linking a new behaviour to an existing cue (for example, use interdental brushes after brushing your teeth), the behaviour can become more firmly established in the person's routine.

By emphasising the benefits patients may notice from changing their behaviour (such as a fresher mouth feel or less bleeding when brushing), the healthcare professional helps the behaviour become intrinsically rewarding rather than dependent on external feedback. Behaviours linked to intrinsic rewards are usually more firmly established than those reliant on external rewards.

### Supporting lasting change

In conclusion, working with patients to change their behaviour is a complex skill. Our four-step framework provides a guide to the steps you can take to work with your patient, bearing in mind that behaviour change is an ongoing journey.

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