



Inquiry Focus – Communication and Professionalism

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Consider the following narrative:

“I recently saw a new hygienist and it wasn’t a good experience. He started my appointment late without any explanation or acknowledgement, and didn’t really explain anything to me about what was happening during the appointment or how my teeth were looking. My gums were bleeding while he was working away, yet he didn’t offer me a rinse until after he’d polished my teeth. I felt as though I was rushed through a drive-thru type of experience that lacked basic communication and consideration, rather than an appointment with a health professional.”*

This narrative provides an example of a client’s experience with a dental hygienist who failed to communicate effectively. Unfortunately, communication challenges are often at the heart of complaints received by the College from the general public. Ineffective communication can hinder a client’s understanding of the information being presented to them about their oral condition and treatment options. If they do not have a clear understanding of this information and an opportunity to ask questions, this can impact their ability to provide informed consent. Similarly, a lack of adequate communication can lead to misunderstandings and frustration. For example, clients may be unhappy when presented with a balance owing for services if the communication regarding the fees for services was not clearly explained.

In addition, regardless of a health practitioner’s knowledge and clinical skill, if effective communication abilities and professionalism are lacking, this can result in misunderstandings, client discomfort or distress, and a failure to achieve clinical goals and desired health outcomes.¹ All of this can negatively impact a client’s experience with the care they receive. It is not surprising that research has shown that effective communication is a key factor in client satisfaction with health practitioners.²

So how can we ensure that we communicate appropriately as professionals when engaging with our clients?

Communication is a two-way process, with listening and observation playing critical roles in determining how information is shared. The importance of connecting with clients, developing rapport, and observing how our communication is perceived cannot be over-emphasized. For example, some clients may respond favorably to a formal or “matter of fact” communication style while others may find this type of approach to be abrupt or lacking compassion. Some may appreciate the use of humor to lighten the mood during an appointment whereas others may feel that this is inappropriate. For these reasons, it is important to gauge how our communication style is perceived, and to be mindful of a possible need to modify our approach depending on the client.

Additionally, the complexity of information being provided to each client should be considered and adjusted as needed, depending on the client. For example, some clients may understand and respond

well to information being presented in a more detailed scientific manner, but the majority will likely feel more comfortable with explanations that are given in plain language. Kourkouta summed this up nicely in a recent journal article on communication in nursing by saying “The language of communication should ...be at the level of the listener, who is not able to assess our scientific knowledge, but has to understand what we are telling him”.³

Lastly, while numerous resources on communication for health practitioners exist, one that is familiar and resonates well with us as dental hygienists is provided by Darby and Walsh. They identify the CARE principle as contributing to effective relationships between dental hygienists and clients. The CARE principle¹ is summarized in the following table:

C omfort	Refers to the hygienist’s ability to discuss potentially sensitive topics related to a client’s oral health, and to monitor the client’s physical and emotional communicative responses during the provision of care.
A cceptance	Refers to the hygienist’s acceptance of clients without allowing communication to be interfered with by making judgments based on the client’s culture, beliefs or ideals. This aligns with the CDHBC Code of Ethics principle requiring that hygienists treat clients with respect for their individual needs and values. ⁴
R esponsiveness	Refers to the hygienist’s ability to recognize communicative verbal or non-verbal signals from the client that something further needs to be done, or that perhaps the current approach during care needs to be modified.
E mpathy	Refers to the hygienist’s ability to see things from the client’s perspective and to communicate their comprehension of this in a non-judgmental manner which promotes understanding.

Effective communication enhances client understanding when information about their dental hygiene diagnosis and care plan is being presented. Such understanding is necessary in order for clients to provide informed consent. Effective communication also helps to establish realistic expectations, reduces frustration and promotes trust. Having knowledge and proficient clinical skill is not enough to ensure that clients feel confident that they are receiving care from a professional - such knowledge and skill needs to be complemented with effective communication abilities. Courteous and respectful communication is a hallmark of professionalism, and professionalism demonstrated by individual hygienists is paramount to maintaining public trust in the profession as a whole

**This narrative has been made anonymous, but provides an example based on a complaint received by the College.*

References:

1. Darby M, Walsh M. Dental hygiene theory and practice. 4th ed. St. Louis: Saunders Elsevier; 2015.
2. Betz Brown J, Boles M, Mullooly J, Levinson W. Effect of clinician communication skills training on patient satisfaction. Ann Intern Med. 1999; 131:822-29.

3. Kourkouta L, Papathanasiou I. Communication in nursing practice. *Mater Sociomed.* 2014 Feb;26(1):65-7.
4. College of Dental Hygienists of British Columbia. Code of ethics. Victoria; 1995