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Perspective

Improving Patient Experience through Meaningful Engagement: The Oral Health Patient's Journey

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Abstract: Healthcare organisations around the world have embraced the valuable role that patient experience plays in the improvement of health care delivery. Engaging with patients is a vital component of understanding how to deliver safe, high-quality, respectful health care that is person-centred and efficient. In oral health services, patient experience is historically predominantly reported as challenging, which is most commonly associated with past traumatic experience with poor oral health treatment. Additionally, the high out-of-pocket costs associated with oral health treatment can mean that people disengage with these services, thereby worsening their oral health conditions. Consequently, oral health has an enormous task to reduce the negative perceptions and experiences. This demands innovative and subtle ways to navigate and address patient and service challenges. Exploring and acknowledging the myriad of historical challenges that exist for oral health patients and utilising these experiences to support change will ensure person-centred improvements are designed and implemented. Therefore, this perspective paper defines patient experience and proposes how oral health patient experience can be improved using the concept of meaningful engagement with a focus on the Australian context. We identified two important concepts that impact oral health patient experience and explored how these concepts may play a role in improving oral health services through improved patient experience. The first concept is person, patient, and user which focusses on general patient experience journey in a general health care setting. The second concept is preservice, current service, and post service which relates to an oral health patient's experience journey in an oral health service setting. Our findings suggest that the practitioner–patient relationship and use of technology are central to patient engagement to improve patient experience.

Keywords: patient experience; patient engagement; oral health services; patient's journey

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1. Introduction

Understanding patient experience in health services is recognised as one of the pillars of high-quality healthcare within patient safety and clinical effectiveness frameworks [1,2]. Patient experience has a direct influence on how patients engage with health services and also their health seeking behaviours and motivation to adhere to treatment or medication plans. Patient experience relates directly to relationships with healthcare providers, which can impact overall health outcomes [3]. Many countries have implemented plans or guides that focus on how patient experience may impact future care, outcomes, or engagement with health services.

In the United Kingdom (UK), the National Health Service (NHS) launched *The Guide for Commissioning Oral Surgery and Oral Medicine Specialties* in 2015 [4], outlining strategies for achieving better oral health outcomes. Central to this guide is measuring patient experience as a strategy for the improvement of oral health outcomes. Similarly, in Australia, surveys

to capture patient experiences are frequently carried out to better inform health service delivery. In 2018–2019, the results of these types of surveys demonstrated that over 96% of people expressed some type of positive experience on aspects of health care services received, including accessibility of services, physical clinical environment, and patient–clinician interaction [5]. However, despite healthcare organisations striving to achieve consistent positive patient experiences, challenges and limitations in health service delivery have also been reported [6].

Visiting an oral health practitioner is often regarded as an unpleasant experience as it is often associated with pain, loud noises (drilling), needles, mouthfuls, and large out-of-pocket expenses. Unpleasant experiences have been directly linked to dental phobia and anxiety and are reported to be the most common emotional factors which lead people to become reluctant to visit an oral health practitioner regularly [7–9]. People with dental phobia and anxiety demonstrate behaviours that are oral health averse, such as dental visit avoidance and cancelling, postponing, or failing to attend appointments [10]. This paper asserts that addressing the fear and anxiety around oral health visits is an important component of improving patient experience and better oral health outcomes. Moreover, it argues that one effective way to achieve this is through engaging with individuals or groups of patients in a meaningful way, to understand the factors influencing their decision to engage with health services. There is a rising expectation from patients that practitioners will engage them in the decision making process in addition to a demand for a health service system that is open, responsive, and transparent. There are also reported benefits when health service priorities are linked to patients' priorities [3]. In this perspective paper, we explore how patient experience can be enhanced using meaningful engagement. Whether you are a dental professional, a general health practitioner, policymaker, or a researcher, this paper aims to provide you with valuable insights and potential solutions to address oral health patient experience issues. It is hoped that the knowledge presented here will inspire informed action, drive effective policy change, and ultimately assist in improving oral health patient experience. We will begin by exploring the global and local context of oral health service delivery and the concepts of patient experience and patient engagement.

2. Global Oral Health Services

To better appreciate the oral health patient's journey, it is paramount that we understand the service context at a global and local level. Oral health is recognised as integral to general health. It influences quality of life and is essential for general well-being [11,12]. According to the World Health Organisation, oral health "is the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions such as eating, breathing and speaking, and encompasses psychosocial dimensions such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment" [13]. Oral health covers human structures such as the head, face, mouth cavity, and the cranium, and any anomalies associated with these structures. Oral disease for instance, affects the mouth and is a key source of morbidity, being among the most prevalent global diseases [13].

Most oral health care services around the world are delivered by private practitioners where profit has occasionally been reported to come before patient care [13–15]. A wide disparity in oral health resources between high- and low to middle-income countries has been reported, accounting for differences in oral health service usage and outcomes across populations [12]. Oral health services worldwide seek to address oral health-related problems including the prevention and treatment of disease. It is approximated that 3.5 billion people worldwide are afflicted by severe oral conditions or disease, which include periodontitis, dental caries, and edentulism. Dental caries alone is estimated to affect 35% of the world's population and cancer of the lip and oral cavity are also prevalent and constitute major oral diseases. The determinants of poor oral health include high levels of tooth loss, dental caries, oral cancer prevalence, periodontal disease, and xerostomia conditions [13,15,16]. Developing countries utilise a variety of approaches to reduce the

impact of oral disease including education, free preventive clinics, targeted treatments for specific populations, and alternative therapies [15,16]. In developed countries, oral health services are delivered both in preventive and curative forms, using public or private systems. The demand for oral health services is addressed by private dental practitioners using sophisticated oral technologies including latest diagnostic tools, digital X-rays, lasers, implants, and oral scanners to treat or rehabilitate the mouth [15].

3. Oral Health Services in Australia

The last century has seen a marked improvement in oral health services in Australia even though it is still common for people to experience a preventable tooth-related problem [17,18]. The mid-1970s to the mid-1990s saw use of public dental services improve significantly leading to a substantial reduction in general tooth decay [18]. This coincided with improved access to fluoridated drinking water, use of fluoride toothpastes, provision of preventive oral health services and education, and adoption of good oral health hygiene practices [19]. However, the gains were reversed in some states and territories after the mid-1990s, as the rate of tooth decay among children increased due to increased consumption of sugary food and drinks and the increased consumption of non-fluoridated bottled water [20,21].

Approximately 30% of Australian adults suffer from untreated tooth decay with rates varying according to geographic location as remoteness increases. Low-income households and concession card holders also have higher rates of untreated decay [22]. The prevalence of moderate to severe periodontal disease increases with age and lower income with 23% of Australians currently affected [23]. Tooth extractions occurring in 16.5% of the Australians aged 45–65 are directly linked to periodontal disease, mostly in concession card holders [24]. Oral health services in Australia are accessible privately or through public dental clinics or the Department of Veteran Affairs (DVA) [25]. The private sector, where the majority of oral health practitioners work, plays a vital role by providing a comprehensive range of services to both adults and children, from emergency and general oral health care to complex treatments including endodontic and orthodontic services. It also caters to adults who are without a concession card [17]. In 2020–2021, the Australian Government subsidised 4.7 million services through the Child Dental Benefits Schedule [5,25], while 44.8 million dental services were subsidised by private health insurance [17]. Four main groups of people are prioritised due to their vulnerability to poor oral health in Australia. The first group includes people who are socially disadvantaged or on low incomes including refugees, homeless people, some people from culturally and linguistically diverse backgrounds, and people in institutions or prisons [17]. The second group includes Aboriginal and Torres Strait Islander Australians who are more likely to have multiple caries, untreated dental disease, and less likely to receive preventive dental care when compared to rest of Australians [26]. Many factors impact the oral health status of Indigenous Australian including accessibility, cost, and a lack of cultural awareness by some service providers [17]. This results in unfavourable dental visiting patterns. The third group includes people living in regional and remote areas who have poorer oral health than those in major cities [17]. Oral health status generally declines as remoteness increases. This is due to fewer or non-existent oral health services. The fewer oral health services available may only be accessed after traveling very long distances. Thus, longer travel times with limited transport options to these services has a huge negative impact on oral health services. People living in remote and very remote areas are also more likely to smoke cigarettes and consume alcohol at risky levels [17]. They have reduced access to fluoridated drinking water and face increased costs of healthy food choices and oral hygiene products. These risk factors contribute to this population's overall poorer oral health. The final at-risk group includes people with additional and/or specialised health care needs which include those living with mental illness, physical, intellectual, and developmental disabilities, complex medical needs, and frail older people. The mainstream consumers of oral health services in Australia include those who are working and those who can afford to receive treatment via private providers [17].

Oral health services are provided by several professionals in Australia including dentists and their various specialists (dento-maxillofacial radiology, endodontics, oral and maxillofacial surgery, oral medicine, oral pathology, oral surgery, orthodontics, paediatric dentistry, periodontics, prosthodontics, public health dentistry, special needs dentistry, and forensic odontology). Alongside dentists are dental prosthetists, dental hygienists, oral health therapists, and dental therapists. Overall, oral health professionals in Australia provide preventive, diagnostic, restorative, and curative services with only those registered allowed to practice [25].

4. Patient Experience

The definition of patient experience is complex and lacks global standardisation [27] with different interpretations by clinicians, patients, managers, policy makers, and researchers [28]. The lack of a formal definition of patient experience arises from misunderstanding its multidimensionality [29]. Additionally, there is a lack of well-defined parameters of patient experience which potentially contributes to hospitals providing inconsistent measures of patient experience despite its importance in health service delivery [29,30]. The Beryl Institute (TBI), defines patient experience as "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions, across the continuum of care" [31]. Four crucial themes emerge from this definition which assist in understanding patient experience. These are changes in organisation and continuum of care, the organisation's culture, personal interactions, and patient and family perceptions [29]. Patient experience therefore encompasses various dimensions, including the quality of care, communication with healthcare providers, access to services, coordination of care, physical environment, and emotional support [31]. A positive patient experience can lead to increased patient satisfaction, improved adherence to treatment plans, and better health outcomes including improved quality of life [32]. It also is a contributing factor to achieving higher levels of trust and loyalty towards healthcare providers [27].

Patient experience should acknowledge human recipients and providers, considering the broader needs across the healthcare spectrum. Experience is a relational concept that engages recipients and providers in care delivery, which is achievable via interactions of communicating, listening, planning, and asking relevant questions. It is advanced through participation in shared decision making between patients, family, and healthcare providers and not focusing solely on patients [33,34]. Patient experience, therefore, is a concept that recognises person-centeredness and the inclusion of the team or family that surround, support, and work with patients. This interaction begins before and extends beyond clinical settings. Experience therefore spans the continuum of care in a healthcare organisation and goes beyond a specific care setting or clinical encounter [33]. Patient experience and patient engagement are interrelated concepts in healthcare, focusing on the patient role and involvement in care.

5. Patient Engagement

Like the concept of patient experience, the definitions of patient engagement have varied over time and across contexts. The US National Coordinator (ONC) of Health Information Technology describes patient engagement as one of the most underutilized resources in healthcare [35]. Patient engagement refers to the active involvement of patients in their own healthcare journey [36] and encompasses behaviours, actions, and attitudes that empower patients to become active participants in decision making, self-management, and health promotion [37,38]. Engaged patients take ownership of their health, seek information, ask questions, collaborate with healthcare providers, and make informed choices. Patient engagement is associated with better health outcomes, increased adherence to treatment plans, reduced healthcare costs, and improved patient–provider relationships [37–39].

Engaging patients has been recognised and embraced by many countries across the world in healthcare settings although prioritisation and execution methods differ [38].

Patient engagement can be implemented in health care as patient experience information collection and patient outcomes which can be achieved through a range of data collection tools, depending on the setting, the patient population, and the purpose of engagement. For example, many health services utilise patient-reported experience measures (PREMs) which aim to provide information around patient preferences, needs, and values and how experience can be improved in future visits [40]. There are several ways in which patients and their families or carers are involved in health service delivery, some being more meaningful than others. Patient engagement is becoming useful in health care education, particularly during training where real patients can be used to articulate their experiences and viewpoints. The engagement of patients and families as advisory committee members for the purpose of designing, or redesigning, and developing patient-centred processes and systems is an effective way to make relevant changes [41,42]. In policy development, patients and families can be engaged in developing and disseminating information and educational materials that are more aligned to patient needs and values and better outcomes [43]. In healthcare research, patients and families can be engaged as participants, providing key data for understanding health services or as co-researchers who contribute to research design, planning, and execution [37]. Patients in developed countries can now access electronic health records, resulting in improving treatment adherence and enabling healthcare providers to review and intervene as needed [40].

6. Patient Experience and Patient Engagement: The Link

The relationship between patient experience and patient engagement is reciprocal and mutually reinforcing [44]. A positive patient experience can foster patient engagement by building trust, satisfaction, and a sense of partnership between patients and healthcare providers. When patients have positive experiences, they are more likely to engage in their care, follow treatment recommendations, and actively participate in shared decision-making processes [45–47].

Similarly, patient engagement can enhance the patient experience [48]. Engaged patients who actively participate in their care are more likely to have their concerns addressed, receive personalized care, and experience better communication and shared decision making with healthcare providers. Kennedy et al. [49] highlighted bidirectional communication as crucial for patients' satisfaction and enhancing treatment and clinical relationships [40,48–50]. Healthcare organizations that prioritize patient experience and engagement foster a virtuous cycle of improved health outcomes, increased satisfaction, and improved healthcare delivery, leading to greater loyalty and satisfaction [50,51]. Thus, exploring meaningful patient engagement is crucial in oral health settings, as disengagement can occur due to negative treatment experiences.

7. Frameworks for Understanding Engagement in Oral Health Services

The patient journey in health services is complex and differs significantly for each patient. However, Oben [29] suggested a conceptual framework characterised by phases and landmarks to enhance our understanding of what patients experience broadly as they move through their own healthcare journey (Figure 1).

This framework highlights a critical idea showing that patient's overall health experience commences prior to entering the healthcare system. This is significant not only in presenting a holistic experience from the patient's perspective, but it is also needed for the comprehension of experience within different healthcare organizations. Patient experience in essence is more about the patient's perception or views about the healthcare received [29,30]. Thus, for providers who want to obtain a greater understanding of the patient experience with clarity, striving to understand patient's perspective and perceptions regarding the healthcare they receive should be the focus [31]. In oral health services, Devetziadou and Antoniadou [52] highlighted oral health patient experiences by analysing dental patients' journeys, with a focus on identifying dental patients' touchpoints [52]. The Dental Patient's Journey Map (DPJM) unveiled three stages/phases: pre-service of the den-

tal office, current service, and post-service (Figure 2). Consistent with Oben's conceptual framework [29], each stage/phase relates to a changing patient experience.

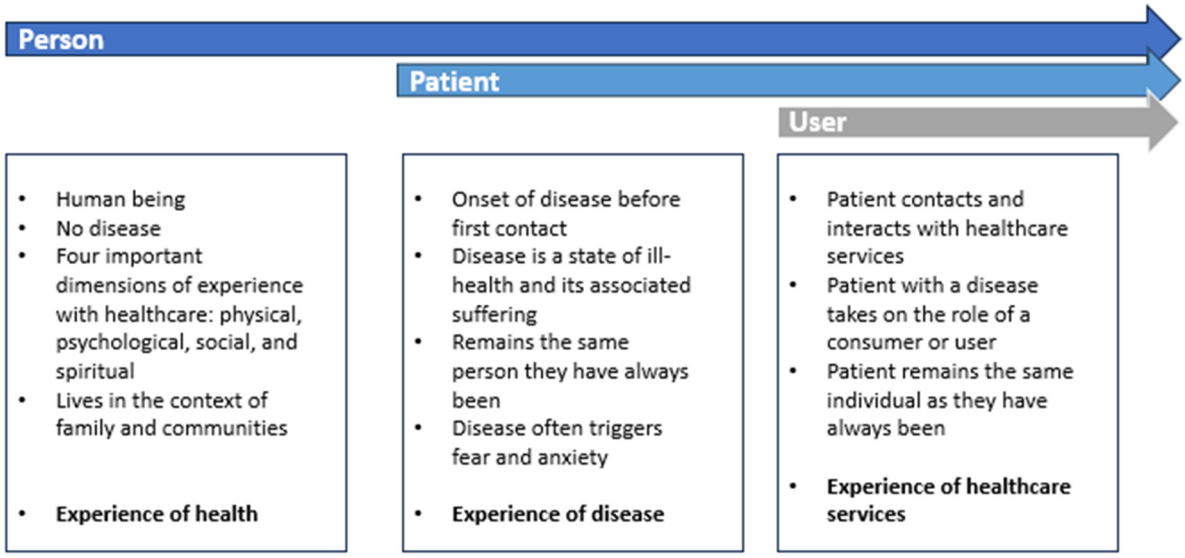

Figure 1. A conceptual framework for understanding the patient experience, adopted from Oben [29].

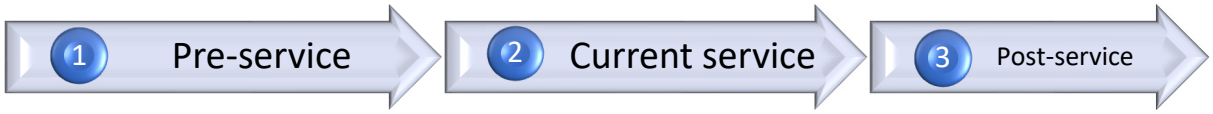

Figure 2. The 3 stages of the Dental Patient's Journey Map (DPJM) by Devetziadou and Antoniadou [52].

7.1. The Person/Pre-Service Phase

The oral health patient journey is unique in the sense that it is often characterised by fear and anxiety. The person/pre-service phase can elicit early responses to fear and anxiety as it is the first contact the person will have with an oral health setting. These factors which are central to experience will create disengagement from pursuing oral health interventions if not managed properly by the service provider. This first phase characterises the commencement of the patient journey, selecting which practice they wish to attend, appointment scheduling, access to information, and communication with oral health services. Once achieved, the person then presents for their consultation appointment which involves discussing the person's oral health concerns, receiving an examination, and having diagnostic tests such as X-rays taken. The person receives a treatment plan, the procedures involved, and the associated costs [52].

The expectation of the person commencing an oral health service journey is to have a dedicated, supportive, and caring practitioner to assist them in taking control of their own oral health [53]. This means that the practitioner has to embrace "the whole person addressing the physical, emotional, social, and spiritual" aspects of the person [54]. Providing holistic care can help in building a respectful practitioner–patient relationship, and assist in navigating the anxiety and dental phobia that health consumers may be experiencing. The provision of holistic care could achieve improved health outcomes [55]. At the time the patient journey commences, many people consider whether a practitioner will respect, spend time, and listen to them, as documented in the Australian Bureau of Statistics (ABS) experience report of 2021–2022 and other studies [26,53,56]. It has been demonstrated that effective communication techniques encompassing active listening and empathy [56–58] contribute to meaningful engagement. Therefore, oral health professionals are encouraged to employ open-ended questions which assist in fostering a collaborative relationship with patients [59,60].

There are several ways in which oral health services can engage with patients in the pre-service phase. Branding and using digital marketing tools such as websites, social media, and the internet have been shown to be effective for providing opportunities to connect with new and existing patients [52]. This is because, nowadays, many people will carry out health information searches online as part of their pre-service investigation [56,61–63]. Many oral health services in Australia have taken this advice and have provided websites and online services, and use social media to explain their services and engage new patients [62]. As the person commences their journey, an obvious consideration is how they will access and afford the cost of service delivery [5,6,64–66] and this information is provided on many websites.

Other patient-reported considerations for access to oral health services include traffic and parking [52,56]. Access and cost are mainly influenced by geographical factors such as whether the person is residing in a city, or a remote or rural area [5,66]. Most oral health services in Australia provide information to their prospective patients through their websites including access and parking arrangements [63].

7.2. The Patient/Current Service Phase

In the patient or the current service phase, the patient experience journey enters a second stage which explains touchpoints that a patient experiences during the actual service [52,67]. The person begins to experience dental issues or the need for a check-up, requiring oral health intervention and therefore registers to commence treatment. It is in this phase where the patient's experience of an illness or need for a check-up is a distinct aspect of their overall experience. The goal for medical care, therefore, is to manage, reduce, or, where possible, eliminate the physical, psychological, social, and spiritual experiences of illness for the patient, and their families and communities [29]. These unique experiences concurrently occur during the interaction of the person and health-care organization and they constitute patient's holistic experience continuum [29].

In the oral health patient journey, the current service phase is when the patient presents for an initial consultation [52]. This first visit is characterised by the person meeting with the oral health professional(s) [60]. In oral health service terms, the patient has agreed or is agreeing to the proposed treatment plan and the oral health procedures are scheduled.

To improve the patient experience in this phase, meaningful engagement is achieved by effectively communicating to patient and empowering them to be actively involved in their own oral care through shared decision making and knowledge sharing [60]. Adopting these actions results in patients being more likely to take an active role in their oral health and make informed decisions [46]. Developing a plan often occurs as a discussion between the clinician, patient, and even a family member, to set achievable objectives with the patient. Additionally, for the plan to be effective, the patient should be provided with the necessary tools and resources [68,69]. This strategy is a constituent of Shared Decision-Making (SDM) strategy which is another key approach that is being advocated in oral health services to meaningfully engage patients [70,71]. Using the SDM strategy empowers patients to be part of the decision making process regarding their treatment options [70,71]. Within this approach, different choices are presented and risks are explained, including the benefits associated with each option. A consideration of patients' preferences, values, and ultimate goals are incorporated [72]. The benefits derived from this collaborative approach is the empowerment of patients, which in turn, enhances their commitment to maintaining good oral health [72]. Some key strategies for engaging in this way include motivational interviewing and the use of technology. Motivational interviewing (MI), defined as "collaborative, yet person-centred and goal-directed style of communication, that aims to elicit and strengthen a person's own reasons and motivation for change" [73,74], is a method used to understand patients' beliefs, attitudes, and motivations towards oral health behaviour changes. The works of Plummer [75] and Gilliam and Yusuf [76] clearly demonstrate the salience of MI in oral health care settings. This patient-centred approach gives an opportunity for oral health professionals to understand their patients' perspectives

and explore ways of addressing any barriers or concerns they may have, thereby helping patients to overcome their challenges. This ultimately can assist patients adopt sustainable positive oral health behaviours [76].

The harnessing of technology could be a strategy to meaningfully engage patients to improve their experience. Antoniadou and Devetziadou [52] described the use of technology in different phases of patient interaction with oral health service providers. Oral health practices are now using visual aids and models, some which are digitalised to explain oral health concepts, including demonstrating proper brushing and flossing techniques, and illustrating the consequences of poor oral hygiene or untreated oral conditions [52]. The introduction of intraoral scanning methods has been well received by many patients as this has seen huge improvements in comfort levels, by reducing or eliminating gag reflexes, breathing issues, and anxiety [77]. These methods have been found to enhance patient understanding in addition to being effectively engaging [52].

To meaningfully engage patients in oral health services, the creation of a supportive environment is imperative. Patients require a non-judgmental environment to discuss their oral health concerns and ask questions, including expressing any challenges they face. In doing so, trust and rapport is built with patients, which is essential for meaningful engagement and ultimate improvement of their experience journey [78]. By empowering patients and involving them in their oral health journey, dental professionals can promote long-term oral health. Follow-up appointments may be necessary for ongoing care, adjustments, or monitoring of the healing process during the patient phase [79]. The completion of treatment is marked by encouraging patients to maintain good oral hygiene practices at home, including regular brushing, flossing, using mouthwash, and denture maintenance and care [37]. Routine check-ups and cleaning are also advised to prevent future oral health issues through early detection of any problems [79].

7.3. The User/Post Service Phase

After the patient phase, the oral health patient's journey leads into the user or post service stage which focusses on the ability to contact a health care service for maintenance and preventive care.

After commencement and subsequent interactions across the care continuum of the health care service, a patient then assumes the role of user. As a user, the patient is now able to contact and interact with the healthcare services as and when the need arises [29]. In Australia, to improve the patient experience journey in this phase, patients or users are meaningfully engaged by encouraging regular follow-up appointments to monitor the patient's progress, address concerns, and reinforce oral health practices as enshrined in the Australian National Standards document [80]. During these visits, additional educational information is provided to patients, including, where necessary, a reassessment of oral health status and adjustment of the treatment plan [81]. Providing patients with distinct, succinct, and comprehensible information regarding oral health and emphasizing the importance of preventive measures, proper oral hygiene practices, and the potential impact of oral health on overall health is imperative as a tool to meaningfully engage patients to improve their experience [81,82]. As a user or in post service, patients are placed on recall or on an ongoing wait list, particularly those who are eligible for public oral health services, to monitor and keep them engaged.

Finally, the oral health patient journey experience is not complete without measuring the patient's experience. Specifically, this means measuring the interaction of patients with health care organization, including how health care providers communicate with their patients, to improve ongoing or future patient care experience [29]. Some organisations in Australia have adopted the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) to measure patient experiences [83]. Other ways of engaging patients in this phase might include phone calls to ask about experience or using feedback forms which patients can fill out.

8. Summary and Conclusions

This perspective paper explored how patient experiences can be enhanced using meaningful engagement. Such meaningful engagement can be achieved using technology, patient–practitioner relationships, patient and family involvement, and communication strategies. The uniqueness of oral health patients requires that such meaningful engagement strategies be employed to improve their experiences. In conclusion, it is important to note that the patient journey can vary depending on individual circumstances, oral health needs, and specific dental practices. Communication with the dental team and adherence to recommended oral health practices are essential for a successful oral health patient journey. A patient's experience is not, however, effective enough without patient engagement; thus, it is vital to find ways to engage patients continuously and meaningfully.

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