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# Trust between dental professionals and patients: a scoping review

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## Introduction

A trusting dentist-patient relationship is pivotal in providing person-centred care (1). Effective communication is instrumental in building a trusting relationship during the dentist-patient interaction process. Such trusting relationship can enhance patient satisfaction, reduce anxiety, and improve patient's compliance (2). Yet, the definition of trust remains ambiguous due to its complexity. The lack of consensus on the definition of trust also results in problems of assessing patient trust on dental professionals. More interestingly, it is not clear how dental professionals perceive their patients' trust.

### Aim:

This scoping review aims to identify how trust is defined, measured in the dental literature and how trust is valued by dental professionals.

## Methods

The scoping review approach is to identify evidence on the topic of interest and gaps for further research. The methodological framework proposed by Arksey and O'Malley was used (3). It has been further refined using Joanna Briggs Institute (JBI) methodology framework using Population, Concept and Context (PCC) to identify the research question and the eligibility criteria (4).

- Population: adult patients and dental professionals
- Concept: trust
- Context: clinical settings

### Eligibility criteria

The eligibility criteria are shown in Table 1 as defined by the JBI approach (4).

Table 1. Summary of inclusion and exclusion criteria

Parameters	Inclusion criteria	Exclusion criteria
Population	Patients and dental professionals, including dentists, dental nurses, dental hygienists, and dental therapists.  Aged 18 years or older	Child patients, patients who are intellectually disabled or family members of patient.  Non-dental professionals
Concept	The studies should include information that are relevant to at least one of the objectives.	Studies have no relevant information about any of the objectives.
Context	Dental settings including clinics and hospitals	Non-clinical settings
Language	Publications in English	Publications in non-English

## Search strategy

A search was conducted for published literature on the research area between 1980 and November 2021 in the following electronic data bases: Medline, EMBASE, PsychInfo and CINAHL.

The search was piloted and refined based on the research question and the definitions of the key components. The final search was conducted on 22 November 2021.

## Selection of evidence sources

The title and the abstract of all the eligible articles were screened on Rayyan to decide whether the article fulfilled the eligibility criteria and answered one of the research questions. Full texts of the included articles were then read and their reference lists were hand searched for additional papers.

The authors conducted a full-text screening of the selected studies. A third reviewer (SY) was employed if significant discrepancies could not be resolved by discussion and consensus.

## Data synthesis

Thematic analysis was used to collate, summarise and report the data as indicated by Braun and Clarke (5).

## Results

An initial search of the databases yielded 1875 articles and further reduced to 801 after removals of duplicates. After screening title and abstract, 43 articles were included, and their full texts were read and screened. A further 27 articles were excluded, resulting in a total of 16 studies (Fig 1).

### Definitions of trust

Four out of 16 studies provided some form of definitions. These are referenced to previous work encompassing two types of definitions that focus on: (i) patient's expectations for care, and (ii) the acceptance of personal vulnerability due to illness (6-21).

### Existing instruments to measure trust

Thirteen articles used various scales although a limited number of scales were used more often with 3 used Dental Trust Scale (DTS) and 4 used Dental Belief Survey (DBS).

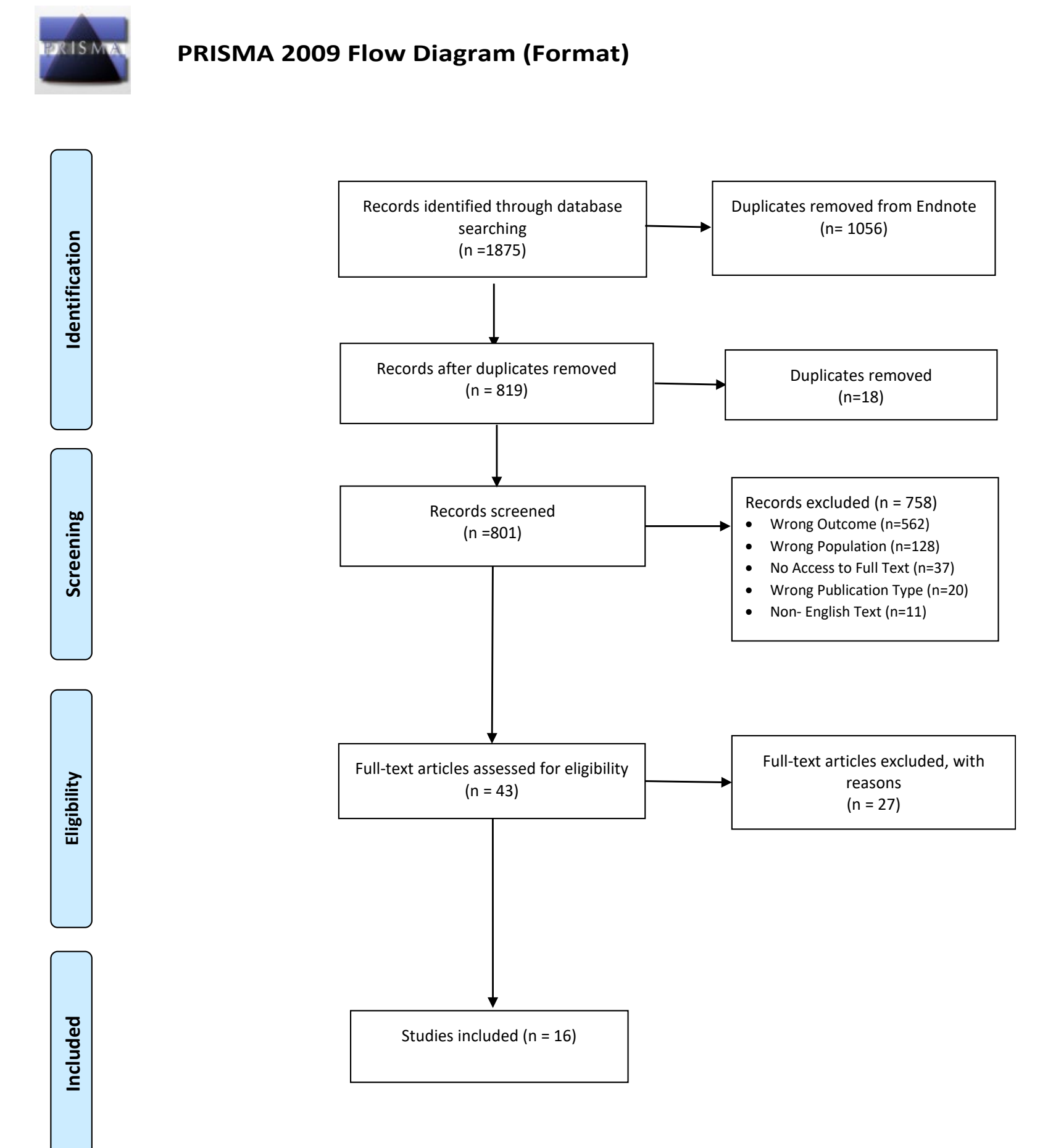
The DTS is adopted from the physician trust scale. It covered four dimensions of trust: fidelity, competence, honesty and global trust. Armfield et al. added two items that helped identify reasons for poor trust in the dentists. The DBS aimed to measure dentist-patient relationship exploring 4 dimensions, namely communication, belittlement, lack of control

and trust. Only two items were used to measure distrust rather than trust. This gives rise to a potential question of whether two items could measure a complex item like trust. The DBS was then revised by adding thirteen more items to cover three aspects: ethics (which replaced 'belittlement' and 'trust' in DBS), communication and control.

### Dental professionals' perception of patient trust

Only two studies explored the views of dental professionals. One identified that good communication was central to build a trustful and confident relationship with the patient. This has also been echoed in the other study. Interestingly, this study also found that the dentists regarded themselves to be perceived negatively by their patients on trust.

Fig 1. PRISMA Chart



## Discussion

The review found in dentistry there was no consensus on the definition of trust, nor on an assessment tool to measure dentist-patient trust. The limited research has found that dental professionals acknowledged the importance of effective communication in building trusting alliance with patients.

The scarcity of relevant research highlights the need for a more robust investigation of trust in dental care, particularly developing a validated measure with a clear definition of the role of communication in assessing trust.

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